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SPECIAL SECTION

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Arbitration on profit margin?

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The newsweekly for pharmacy

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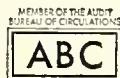
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Comment

No chaos, some confusion

When will the Pharmaceutical Services Negotiating Committee learn? Yet again representatives of Local Pharmaceutical Committees were presented with information and new resolutions verbally at Sunday's conference without sufficient time to absorb or discuss them (p508). The many resolutions originally on the pre-conference agenda were presented as a series of single issues—to do it any other way would be "a recipe for chaos", said the chairman, Mr Bob Worby. But representatives had clearly not understood some of the resolutions on which they were asked to vote. Disorder led to heated tempers and eventually one representative, Mr M. James from Essex LPC, walked out in protest. He evidently thought representatives had voted one way—Mr Worby said (correctly) they had voted another.

Many representatives admitted their confusion and several uttered contempt at the lack of written material and the way the Committee had apparently decided to conduct the meeting. In fairness to PSNC, it was only able to finalise its thoughts on the conference at a meeting held a few days before and apparently did not have time to circulate the new agenda. But surely an agenda incorporating the platform's proposed "composite" motions could have been duplicated and made available to representatives as they arrived for the start of conference. That would have at least clarified the issues to be discussed—and, as several representatives said, without knowing all the options in advance it is difficult to vote for any one as it is presented. We asked last week in this column if anyone knew where we were going. On Sunday, PSNC presumably did but many representatives clearly did not.

So what of the outcome? Representatives voted in favour of the principle of differential on-cost but against Mr Ennals' proposals as such. That should not be so surprising since conference in previous years has committed itself to a Basic Practice Allowance and an Essential Small Pharmacies Scheme, both of which are designed to help the smaller pharmacies.

Mr Ennals' offer itself was thought by many to bear too heavily on the larger contractors. "New money must be found to finance the scheme—not ours," was a common cry. However, we are not sure whether the representatives, in demanding a reduction in the effect of the proposals on the larger contractor, realised that the corollary is less benefit for the smaller contractor—unless new money can be negotiated quickly. The smallest pharmacy was only to receive an additional £1,240 a year under the terms of the offer, and there had been general agreement that such a small sum would hardly make the difference between failure and survival for any great number of pharmacies. The trouble is that Mr Ennals' offer presented a Hobson's choice—to leave some essential small pharmacies at risk for even longer, or to put some essential larger pharmacies at risk with cash-flow problems.

Sunday's meeting put a great deal of faith in arbitration, being assured by Mr Worby that the present impasse results not from pharmacy having no case, but the Government having no money. Is it, then, a foregone conclusion that the Secretary of State will agree to arbitration? We would say to Mr Ennals: should there be any doubt in your mind, remember that contractors have committed themselves to the survival of the NHS pharmaceutical service—now you must help by providing that new money before the LPCs are reluctantly forced to meet again, this time to discuss not whether, but which sanctions to impose.

LPC conference refuses Mr Ennals' offer as it stands

Differential on-cost accepted—but a demand for new money

Local Pharmaceutical Committee representatives voted on Sunday to accept the principle of a differential on-cost but to reject the Department of Health's proposals on redistribution of money as they stood. The Pharmaceutical Services Negotiating Committee was mandated to seek ways of easing the redistribution burden on the larger contractors without penalising their smaller colleagues and to negotiate with the Department for more money to do so. PSNC was authorised to proceed to arbitration on the claim for an increase in percentage profit on capital employed should further negotiations on that aspect fail. Conference also instructed PSNC to investigate urgently the advantages or otherwise of registering PSNC as a trade union. The conference was called to discuss the proposals recently put forward by the Secretary for Social Services, Mr David Ennals, for redistribution of money from larger to smaller pharmacies in return for which the Government would "prime the pump" with £5 million over two years.

Mr R. Worby, chairman, PSNC and conference, called upon conference to concentrate on general issues and then later to take each principle in turn. To attempt to run through the many varied and composite resolutions (*C&D*, September 10, p337) would be a "recipe for chaos", he said, and consequently he proposed putting a series of motions from the chair calling on proposers of broadly similar motions to introduce the discussion.

Principles

Introducing the first motion "Conference accepts *in principle* the Secretary of State's proposal to distribute NHS cost reimbursement by means of a differential on-cost", Mr Worby said it was an opportunity to reaffirm last year's decision that there should be equity between contractors. The resolution did not imply acceptance of the manner or extent of redistribution, which was to be discussed in later resolutions. Because reimbursement of costs was made on a fixed level per prescription basis, those who dispensed the greatest number of prescriptions received the largest "so-called" reimbursement of costs. But the higher the throughput the lower the unit cost and therefore, Mr Worby said, it was essential if costs were to be appropriately reimbursed, that the amount of cost reimbursed should be higher for the first part

of the turnover than the next part—a differential scale.

Had the Basic Practice Allowance negotiations been successful a significant step towards the principle would have been achieved, as approved at last year's conference. Mr Ennals' proposals were based on that principle. At present pharmacies in group 1 were losing 46 per cent and group 5 were making a profit of 30 per cent on invested capital. The proposals would still leave group 1 losing 10 per cent and the larger making a reduced profit of 22½ per cent. Large contractors were therefore not going to subsidise small ones but small contractors would subsidise larger colleagues to a lesser degree. Unity could never be achieved without first ensuring equity. The proposals were only divisive if contractors made them so. "Let us not play into the hands of those who seemingly would destroy us", he said.

East Sussex and South Glamorgan spoke to the motion. Dr D. Maddock, South Glamorgan, thought the proposals were asking "the commercially weak to subsidise the poor". He opposed acceptance but felt the Department should be forced to implement them. The Minister was encouraging pharmacists to work in health centres; there would soon be a differential on-cost between those inside and outside health centres, he predicted.

Mr G. Baxter, City and East London,

said new money must come from the Government. Mr S. G. Bubb, Dorset, said small contractors were "every bit as furious" as their larger colleagues when they realised that money was to be "filched from the latter. The proposals might not be as divisive as was generally thought, he suggested. Dorset contractors would reluctantly accept the principle, not because they agreed with it, but because pharmacists should not take any action that would make the public suffer. He thought the proposals would make little difference to viability.

Mr S. Durham, Sheffield, spoke of a project conducted in his area, which compared prescription pricing under the English method and the Scottish method. He found that an extra 6.8 old pence per prescription was required to raise the English remuneration to that of Scotland, where differential on-cost was in operation. He therefore suggested the principle should not be rejected by conference representatives.

Planned distribution

Mr H. B. Coulson, Cambridge, wanted a differential on-cost to be tied to planned distribution of pharmacies. Mr K. Larder, Sheffield, said, amidst jeers from the audience, that larger contractors had profited from the closures. How many of the 240 MPs who supported pharmacy by signing the recent "early day motion" would continue their support if the principle was rejected? he asked.

Mr J. Williams, Cheshire, thought the differential on-cost should be rejected and help be given to small pharmacies by Basic Practice Allowance and extending the Essential Small Pharmacies Scheme to urban and city areas. Mr J. Palmer, Bury, questioned what would happen to medium pharmacies when the small ones had gone out of business, and he therefore urged acceptance of the principle. The motion was carried by 138 to 88.

Platform with members of PSNC—a break with recent tradition.





Representatives voting on Mr Ennals' proposals

Variations on the proposals

Worby then turned to the two means of implementing a differential on-cost, either being mutually exclusive. The offer by Mr Ennals could be given only to smaller contractors or spread the blow to moderate the effect of the proposed £2m which would be taken from the larger contractors.

The larger contractors could not retain £2m because Mr Ennals' £5m was additional upon its redistribution. However the blow could be softened so that larger contractors would receive more than the proposed 22½ per cent profit but less than the present 26-30 per cent. That could be justified because a sudden drop in profitability could jeopardise their ability to provide the best service.

The other variation would be to negotiate extra money to bring the smaller groups up to a 16 per cent minimum. The Essential Small Pharmacies Scheme would require modification to take account of the changed financial circumstances of smaller contractors. A motion from Northumberland reflected a different view, Mr Worby said, in that it proposed contractors dispensing less than 900 prescriptions per year would be denied benefit under graduated on-cost. The £0.6m thus saved would provide a more generous ESPS payment to those who were essential. That had the effect of preventing money being channelled into pharmacies with low dispensing but good turnover which were not essential to the NHS. However, some of those contractors might be in that position not by their own choosing but by the activities of "rapfrogs", Mr Worby pointed out.

Mr M. E. Q. James, Essex, suggested that a vote be taken on Mr Ennals' proposals as they stood. Mr A. J. Smith, chief executive, PSNC, pointed out that if the vote was carried the proposals could be

implemented with effect from October 1. On a question from the floor, Mr Worby said that such a vote would not preclude PSNC from asking for more Government money to finance the proposals. The vote on "Conference accepts the Secretary of State's proposals as they stand" was lost by a large majority.

Discussion on the variations was opened by several speakers representing LPCs which had proposed similar resolutions. Mr A. F. Powrie, Suffolk, thought that since the proposals had been made, the economic climate had changed sufficiently for the Government to have more money available. The Minister's first offer should not be accepted, he said. Mr G. Urwin, Northumberland, and member of PSNC, deplored any decision that the ESPS should be funded by other contractors' money. Accepting the principle without new money had "opened a door for the Government". He blamed PSNC for "leading members up the garden path and running away as soon as the dog barked". However, he saw no rational alternative to redistribution although it had to be used for the purpose intended—small pharmacies providing an essential service. Under no circumstances should it be indiscriminate, he said. Mr G. Walker, Lincolnshire, thought Mr Ennals had clearly left room for negotiation by allowing groups 3 to 6 more profit than the norm. He could not see how groups 1 and 2 with -10 cent and +2 per cent profit respectively could remain viable. PSNC must obtain new money, he said.

Mr A. Bond, Somerset, said that, as a contractor relying mainly on dispensing for his turnover, he would be one of those to lose money—he felt strongly about how his money should be spent.

Mr R. Jackson, Camden and Islington, disliked the Northumberland proposal

because it was unfair to a smaller pharmacy which had just opened and not yet established 9,000 prescriptions per year. Mr K. Martin, Dudley, could not see how there was insufficient Government money available when British Leyland had just received a £50m payment.

No contractor overpaid

Mr M. E. Q. James said it must not be accepted that any contractor was overpaid. If group 5 received 30 per cent return then all groups should get the same—profits should be levelled up not down. To level down could cause difficulty for the medium pharmacy with increased overheads from employing additional part-time pharmacists or pre-registration graduates. Mr S. R. Thomas, Devon, thought the proposals should be accepted but special cases should be sought such as consortia-owned pharmacies where overheads were higher than normal. Mr M. Gellman, Manchester, said there should be no payment back by any contractors. Mr L. Robertson, Bedfordshire, asked why England and Wales could not have a similar scheme as Scotland which he thought was more equitable. Mr M. Brining, financial executive, PSNC, said comparison of the schemes was not fair. Scotland had gone to arbitration and now received 12½ per cent return on capital whereas England and Wales get 16 per cent. To have a similar scheme of differential on-cost would require new money, but at last year's conference the decision was taken to use additional monies becoming due to finance the ESPS.

To guide PSNC in the mood of conference, questions were put to a vote. Conference rejected acceptance of the proposals as they stood even if more money was negotiated. It agreed, however, that the redistributed money from the larger to smaller contractors should be reduced and, at the same time, additional

LPC Conference

Arbitration on profit

Continued from p509

funds for small pharmacies renegotiated.

Mr Worby then turned to what he described as the most important matter of the day—the absence of improvement in the profit percentage on capital employed in Mr Ennals' proposals. Mr Worby said PSNC would prefer the profit to be related to turnover which would provide 6.4 per cent as opposed to 2.8 per cent on capital employed (when the figures were equated in the same terms). The 1975 stock-holding inquiry had resulted in the £11m cut after finding only seven weeks stock was being held instead of the eleven weeks used in calculating profit. By offsetting Mr Ennals' proposed £5m redistribution offer against the cut, contractors would have lost £4m by the end of 1977. Money was coming into the balance sheet by way of increases in costs of overheads and containers but that was for reimbursement of expenses. By the end of 1978, far from being £10m up as claimed, with a further shortfall of £4m in 1978 the total difference would be £18m or £1,800 per pharmacy.

PSNC, after long consideration, recommends arbitration, Mr Worby said. If the Secretary of State resisted it could be forced upon him by registering PSNC as a trade union. If conference rejected arbitration then it had to do so convinced that sanctions could be implemented by a sufficient majority of contractors to force the Government to concede. To reject the present proposals, arbitration and sanctions, would leave PSNC in a negotiating void. It was not so much "no case" as "no money".

Increase in income

Mr Worby then put the resolution "Conference authorises PSNC to refer its claim for an increase in percentage profit on capital employed to arbitration".

Mr G. Urwin said he believed PSNC to have used every bit of reason and logic backed by first-class accounting research but the Government did not want to know—an impasse had been reached. The only possible way to increase income at the moment was to dispense more prescriptions. Contractors could not be worse off by going to arbitration on the basis of recouping losses over past years, he added. Mr J. Kerr, Newcastle, thought contractors were not in a position to judge the issues—the experts had to decide.

Mr R. M. Onley, Nottingham, thought PSNC had lost touch with the "grass roots" and needed guidance from the

floor. The Department of Health should be given a time limit to settle the claims after which sanctions would be taken. Nationalisation should be the ultimate sanction because the Government could not afford it but would have to implement it if contractors could not carry on in any other way.

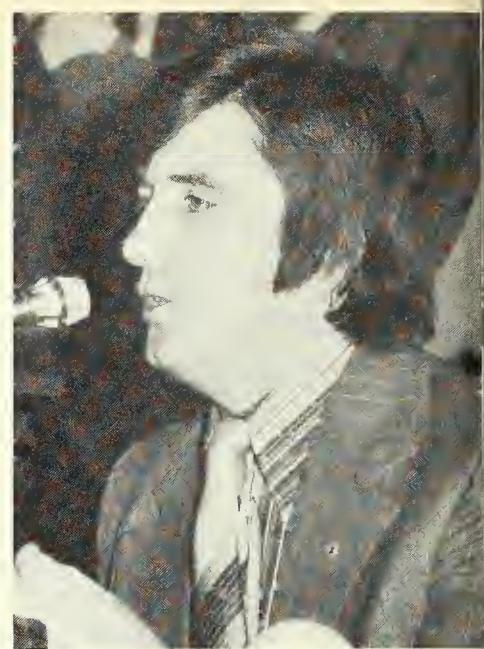
Mr G. J. Hurst, Hereford and Worcester, withdrew the motion calling for Mr Worby's resignation giving him a second chance to prove himself—the motion had not been for personal reasons but borne out of frustration at the failure of negotiations.

Mr Dengar Evans, Mid-Glamorgan, admitted to being confused. He felt, however, that if contractors failed to show that they were a united, dedicated and responsible profession, it would damage the prospects for many years to come. Pharmacists would be called on to play a more dramatic role as medicine became more complex. That was a negotiating point, he thought. Government rulings were not sacrosanct. PSNC should go back to negotiate—"we are solidly behind you".

Mr R. Jackson called for a strong and united mandate to give force to negotiations. Mr D. H. R. Moody, Essex, said a questionnaire in his area had revealed that 92 per cent of contractors would be prepared to apply sanctions in a professional manner. Mr C. Mellor, Stockport, called on contractors to send undated resignations to PSNC for use at a time thought fit. Any other sanctions would be a breach of contract and the Minister would take a test case and sue for breach.

No sanctions with overdraft?

Mr Gellman called on PSNC to get away from the "time and motion" method of assessing NHS payments. Contractors were available from 9 am-6 pm and should be paid throughout, he said. Mr A. J. Edwards, Camden and Islington, thought arbitration to be the only way, because a young man with an overdraft was unlikely to refuse trade by way of sanctions. Mr Bubb, Dorset, supported arbitration but thought new money was needed. Mr Worby pointed out that PSNC had a good case but could not insist on rigid claims—that was the point of arbitration.



Mr G. Walker.

Taken to a vote the resolution that PSNC should seek arbitration was carried.

Trade union

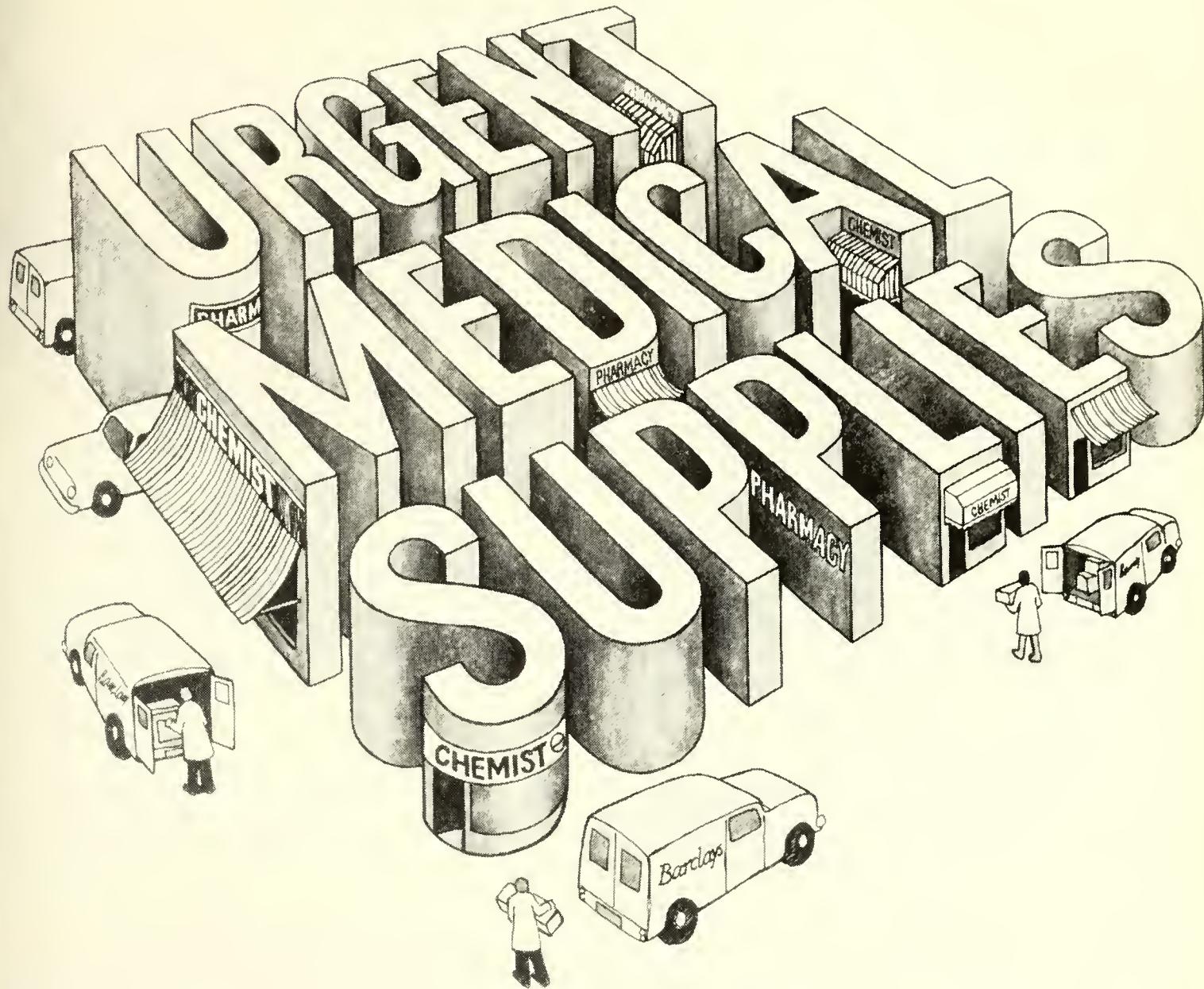
Moving a resolution that PSNC accept Mr Ennals' proposals but also pursue trade union principles in all future negotiations, Mr M. G. Storer, said that PSNC would carry more weight. Mr G. Urwin, Northumberland, proposed an amendment "that PSNC investigates the benefits likely to arise from becoming registered as a trade union and to report all relevant facts". He said that the baton was being lost by adhering to ethical standards in negotiation. PSNC was already recognised by the Arbitration and Conciliation Advisory Service as a trade union, but, without registration, PSNC could be prosecuted for recommending sanctions. The advantages, he said, were that PSNC would be protected under the 1975 Industrial Relations Act; PSNC could demand (not request) arbitration and by an independent arbitrator (not ACAS); support from other unions and the Trades Union Congress. Mr A. J. Smith, chief executive of PSNC, added that all employees would be eligible to join in addition to contractor rules would need to be submitted for

Continued on p51

Platform (from left to right) Mr M. Brining (financial executive), Mr A. J. Smith (chief executive), Mr R. Worby (chairman), Mr J. Charlton (secretary), Mr S. Axon (assistant secretary).



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Signed undated resignation most effective sanction'

The most effective sanction pharmacists could take against the government would be to send signed, undated resignations to the Pharmaceutical Services Negotiating Committee, and to have confidence in the Committee to use them at the appropriate time, a meeting of 100 contractors was told on Tuesday.

Mr A. J. Smith, chief executive, PSNC, answering questions at a London Group pharmaceutical Executive meeting, said such a sanction would exert pressure without "showing PSNC's hand". Asked what use had been made of the 260 MPs' signatures to the "early day motion" on pharmacists' remuneration, Mr Smith said he

did not think Mr Ennals would have made his £5 million offer were it not for that support. Pharmacists could help PSNC in its negotiations by continually informing their MPs of the current situation.

Mr R. Worby, chairman, PSNC, had opened the meeting by reiterating the points he had put to the local Pharmaceutical Committee representatives conference on Sunday, and reported the outcome. Speaking on the percentage return on capital employed Mr Worby pointed out that the largest part of a contractor's capital is employed not in stock but in money owed to him by the delay in prescriptive pricing—the "NHS debt".

Asked why the notional salary could not be paid directly to contractors rather than averaged on prescription pricing, Mr Smith said the government would only consider that when distribution of pharmacies was controlled—otherwise every contractor whether essential or not would receive that salary.

Mr Stanley Blum, ASTMS, called for more money and for PSNC to use professional negotiator when dealing with the government. "PSNC are a good team but they need a negotiator", he said. Mr Lewis Priest, member PSNC, pointed out that facts and logic were required for negotiating and PSNC had its own experts—Mr Smith, a solicitor and former contractor, Mr Brining, financial executive, PSNC, an accountant specialising in pharmacy, and Mr J. Charlton, secretary, PSNC, "the most informed person in the country on pharmaceutical affairs". In addition outside experts were used when necessary. Asked how the £11m "cut" had affected the prescription pricing invoice, Mr Brining said it had resulted in less of an increase than there would otherwise have been.

Would PSNC get TUC support?

continued from p510

agreement (at present the constitution may be changed by consent from within the membership); arbitration could not be insisted on absolutely; unless affiliated to UC, PSNC could not necessarily count on TUC support; PSNC would have the right to relevant information from the Department of Health. The amendment was adopted and carried.

Conference agreed that PSNC would accept and act upon a motion from Hereford and Worcester calling for appropriate pack sizes for items in Part A of the Drug Tariff to be established according to current usage and to initiate discussions with manufacturers and the Department to make them available with suitable payment.

Mr Smith reported on planned distribution of pharmacies following meetings between the Pharmaceutical Society, National Pharmaceutical Association and PSNC. He said planned distribution meant opening in deprived areas as well as closing new openings in oversubscribed areas. He said progress with the Department had been good and he hoped for more money to finance inducements. The report (*C&D*, September 10, p337) was received.

PSNC elections

Conference reaffirmed last year's resolution that the NPA executive should make its appointments to PSNC in advance of the closing date for nomination of candidates for election to PSNC (*C&D*, last week, p464). It was felt by the proposer last year that candidates likely to be appointed to PSNC by NPA had two chances of getting onto the Committee to

the detriment of a local candidate not a member of NPA executive.

Mr Lewis Priest, PSNC and NPA Board member, said NPA had discussed the problem and every proposal had produced other difficulties. It was therefore sent back to conference for further discussion.

Difficulties

Mr J. Wright former PSNC Chief executive officer, said difficulties would arise in a year when NPA elections took place because the NPA Board would be unlikely to make an appointment to PSNC when that appointee could lose his NPA seat soon after. Mr J. G. N. Wilford, East Sussex, NPA Board member, said it was by no means certain that a member of NPA Board wishing to be appointed to PSNC would necessarily be so. An amendment to bring the motion into effect for the 1978 election was narrowly defeated (74 to 67) but the motion confirming the principle was carried by a large majority.

A recommendation from PSNC that it was unable to support a motion from last year's conference that the contract should be made between the pharmacist-in-charge of the premises and the Family Practitioner Committee, was carried by conference.

Mr Worby paid tribute to his predecessor, Mr G. T. M. David who had been chairman of PSNC from 1966. He spoke of his sincerity and integrity in the service of contractors. Mr S. Durham, Sheffield, asked conference to express its appreciation for Mr J. Charlton, secretary, PSNC, who was to retire next year and was probably therefore appearing at conference for the last time.



Dr D. Maddock opposing the principle of a differential on-cost.

'Leapfrog' correction

Mr W. M. Darling has asked us to point out that his remarks at the Lincolnshire LPC conference (last week, p.491) on "underwriting the leap frogger" were directed at Mr Ennals' remuneration offer to contractors, not at the Essential Small Pharmacies Scheme. The Scheme, of course, has distance criteria which rule out support in the case of leapfrogging.

We also regret that owing to a printer's error, the red lines on Mr R. Gartside's second graph (last week, p.485) appeared on reverse order and inverted.

'Outlook bleak' for chemists

With low dispensing profits and increasing competition from supermarkets the outlook for the private chemist was "very bleak", concluded the BBC television programme "Nationwide" last week.

Discussing pharmacy closures, reporters showed the problems around the country. In Manchester where the number of privately owned pharmacies was said to have been declining over the past few years, the deathblow to one pharmacy had been city centre redevelopment. A compulsory purchase order had been made but the owner could not afford to move.

In East Anglia residents of Stalham were said to be lucky because many rural areas has lost their pharmacy. Mr David Coleman had managed to keep going in Stalham because of trade from holidaymakers. "The friendly village chemist could soon be a thing of the past", because he was being forced to move nearer to health centres and doctors' group practices, the reporter said. Rural chemists knew most customers personally and often gave advice which could save needless visits to the doctor. Yet their very isolation had accelerated their decline.

In Totland, Isle of Wight, the pharmacy had closed and now a grocer accepted prescriptions, calling upon a volunteer to take them to the nearest pharmacy two miles away.

Not enough money

Mr David Sharpe, member of the Pharmaceutical Society's Council, said the problem was mainly that pharmacists did not get enough money. Of the £1.80 average cost of a prescription, the pharmacist received only 5p profit. The £5 million offered by Mr David Ennals, Secretary for Social Services, was not enough to halt the closures—it averaged out to less than 1p per prescription. Asked if only small chemists were affected, Mr Sharpe pointed out that those dispensing more prescriptions were expected by Mr Ennals to give some of their money to smaller colleagues—which would help neither.

Mr Ennals had admitted that chemists were entitled to up to 7p profit per prescription under the Pay Code, Mr Sharpe said. It was not asking too much to get the entitlement when the Pay Code was often broken. Asked what action chemists would take if they rejected Mr Ennals' offer at the Local Pharmaceutical Com-

mittee Conference, due to be held on the Sunday following the programme, Mr Sharpe said he hoped they would not be forced to take sanctions that would inconvenience the public.

CMS symposium on health care finance

The Conservative Medical Society symposium on "Health care finance" is to be held on October 29, at the Pharmaceutical Society, 1 Lambeth High Street, London SE1. The five sessions comprise: Crisis in health; past solutions; resource and finance; pharmaceutical services; and the future. Speakers include Mr Patrick Jenkin, MP, Professor Peter Parish, Welsh school of pharmacy, Mr George Teeling-Smith, director, Office of Health Economics, Mr J. Bannerman, immediate past president, Pharmaceutical Society, Dr

Gerard Vaughan, MP. Tickets (£5 including lunch) from Dr D. Tod, CMS, 101 Harley Street, London, by October 10.

Review of sweeteners

The Food Additives and Contaminants Committee is to extend its present consideration of saccharin and aspartame to carry out a full review of the Regulations controlling the use of artificial sweeteners in food and to advise Ministers on changes it considers desirable. The Committee's review will take account of all sweetening matters, other than sugars, for use in food, whether permitted by existing Regulations or not. Representations or comments on the use of any sweetener should be sent to the secretary, Food Additives and Contaminants Committee, Room 556, Great Westminster House, Horseferry Road, London SW1P 2AE, by January 31, 1978.

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you can sum it up like this:
Quite Exceptional Demand.



ERNEST JACKSON & CO. LTD.

Distributors to the pharmaceutical trade of Arcadian products.

CREDITON, DEVON EX17 3AP

People

Topical reflections

BY XRAYSER

T. D. Whittet, chief pharmacist at the HSS and past-president of the British Society for the History of Pharmacy, has been appointed a member of the Awards Committee of the American Institute of the History of Pharmacy.

At the recent annual golf tournament between the London Chemist Golf Society and the Aspro Golf Society, the winners of the pairs were **Mr Glynne Roberts** of Ealing and **Mr Ron Vale** of P. R. nearer Chemists, Slough. The match was held at the Temple Golf Club.

Deaths

Boyle: On September 28 after a long illness, Mr A. M. ("Andy") Boyle, who represented Elida Gibbs Ltd in the Glasgow area for 22 years. He leaves a widow and three children.

Gormley: Recently, Mr A. J. C. Gormley, chairman of International Chemical Co Ltd and the affiliated company John Gormley and Brother Ltd from 1933 until his retirement in 1962. He joined the Paris office of ICC in 1921 as assistant export manager, moved to London in 1927 and became chief executive of the ICC group in 1933.

Randel: Recently, Dr Phil Nat Felix Randel, chairman of Synpharma International Ltd. He was founder and director of Keimdiat GmbH, a major health food company in Germany, and was among the early pioneers in extracting wheat germ components for the health food and skin care fields. His work led to a number of dietary foods, medicinal products and cosmetics, and later discoveries included pigran, now used as a skin moisturiser.

Henderson: On September 26 at Cleland Hospital, Alison Simpson Henderson, PS (formerly A. S. Croy). She qualified in 1924.

News in brief

The Danish Government have reduced the tax on toiletries from 36 to 34 per cent from October 3.

The seasonally adjusted index of the volume of retail sales in August is 107.2 (1971=100). Based on non-seasonally adjusted data, the value of total retail sales in August was 16 per cent higher than in August 1976.

Under the Companies Act 1976, the first stages of which came into force on October 1, private companies are now required to produce annual accounts within ten months of the end of their financial year, and public companies within seven months.

Conference

. . . By that, I mean the British Pharmaceutical Conference and not the eagerly awaited meeting at Lambeth which will have spoken by the time these lines appear in print. As frequently happens at professional sessions there was much valuable discussion which not infrequently is of greater moment than the papers themselves. Such was evident at the third session on the role of the pharmacist in the community; during which, not for the first time, there were signs of disagreement between the teachers and the taught.

Despite the time that has elapsed since the disappearance of the apprenticeship, there still appear to be problems as to the best way to introduce the highly-qualified graduate to the realities of practice. Mr J. P. Bannerman, member of Council, commenting on an address by Mr D. N. Sharpe, said that retail pharmacists were having to do for their pre-registration students what should have been done by the schools in the previous four years, and that was to motivate them into seeking more patient contact and care. I am not sure just what he has in mind, but the fact is that the much-despised apprenticeship was a natural introduction into the practice of pharmacy. Almost immediately there was contact with the public and, quite frequently, opportunity to meet doctors. There was opportunity, also, at first-hand, of observing an experienced pharmacist in his approach to the general public. There was an introduction to the intricacies of the laws relating to the sale and supply of drugs, the importance of keeping records and the absorption of a vast amount of knowledge under practising conditions.

I am well aware of the attitude of the academic mind to such heresy, for the course leading to registration is now so complex and so intensive that there is no time to stand and stare. Professor Beckett said he was very worried about the confrontation developing between the academics and those involved in general practice. Part of the reason, he said, was that Mr Sharpe had left college quite a long time ago and there had been some changes in the meantime. We all have to leave college sometime. But it seems to me that the launching of the student (or the graduate) into the sea of general practice is still in need of thought.

The answer lies in approximation of the pre-registration year to the principles of apprenticeship. The timing of the exercise is perhaps the crux of the matter. That will have to be worked out between the academics and those in general practice. "Confrontation," to use Professor Beckett's word, is not necessarily open warfare.

Meeting the public

We are constantly being exhorted to come out of our dispensaries and meet the public. Undoubtedly the pharmacist should be able to listen sympathetically and offer advice, but the dispensing department of the pharmacy calls for constant supervision in the handling of substances of great potency.

In his address at Sheffield, Mr Sharpe stated that a closer liaison was needed between pharmacist and doctor, said to be best provided in the health centre environment. That, the speaker said, would have an adverse effect on pharmacies providing a service in the community. But in order to provide an adequate service to the public under the existing set-up, there is much to be said in favour of the two-pharmacist pharmacy. One could be in complete control of the prescription department while his colleague would be free to offer professional advice to the customer. But that would call for a degree of control and limitation which seems to go against the grain in this country.

- The September revised prices and amendments to Drug Tariff includes a revised contraceptive services entry in Part XI, operative from October 1. If a prescription is for contraceptive purposes, but not obviously so, the prescriber may mark the item with the approved symbol and no charge should be levied for that item. A list is given of contraceptive drugs for which the symbol is not necessary.
- An increase in the payment to cover the

cost of containers to 2.5p was among the October Scottish Drug Tariff price revisions. It will take effect from July 1, 1977. Dressings and vaporisers were among other price revisions.

- The International Council on Infant Food Industries is to study the standardisation of manufacturers' feeding tables to eliminate confusion. Work is also being carried out on the development of an easy-to-clean feeding utensil.

New products

Over-the-counter medicinals

A multivitamin syrup

Vitrite, a multivitamin syrup (150ml £0.64), containing vitamins A, B, D and E is being launched by British Cod Liver Oils Ltd. The launch is supported by Press advertising in national daily newspapers, women's magazines, *Here's Health* and *Family Circle*, starting October through to May 1978. There is an introductory offer until October 28 to the retailer for the six-bottle counter display pack.

Cartons for Seven Seas orange syrup and cod liver oil have been redesigned. Wholesalers will receive deliveries during October and the new pack will be sold into London pharmacies the first week in November to support the London television campaign scheduled for the last two weeks of November. Point of sale display units for the two Seven Seas products are available (British Cod Liver Oils Ltd, Marfleet, Hull, North Humberside).

Sundries

Polyweb incontinence pads

Lilia-White are launching a new range of incontinence products called Polyweb Dry-care. The comfort pads (pack of 25, £2.29) have an absorbent cellulose filling with a high wet strength non-woven fabric cover and incorporate a removable polythene insert, so that two may be used in conjunction when ever greater absorption is required. Polyweb Dry-care incontinence pants (£3.39) in small, medium and large sizes, have a drop front design with no tapes or pockets. They are tailor made from an open mesh, quick drying, polyurethane elastomer material which the company says gives the confidence, security and support required without the discomfort, bulk or embarrassment usually associated with plastic or PVC pants.

Super-tuff Odor-Eaters

Combe International Ltd have introduced Super-tuff Odor-Eaters (£0.99) which have been specially developed for use in work shoes, sports shoes, wellington boots and all types of heavy-duty footwear for the times when extra perspiration and foot odour can cause embarrassment to the wearer. The company says that the new insoles contain extra charcoal to cope with the increased odour while a denser latex foam gives greater comfort. They are covered in denim blue fabric and in common with regular Odor-Eaters they come in one size ready to be cut to individual requirements. A blue pack distinguishes Super-tuff from the regular product.



During the national launch period a coupon for a 25p cash refund will be available in every pack. Special bonus terms of 14 for 12 are available from representatives (Combe International Ltd, AMP House, Dingwall Road, Croydon).

Cosmetics and toiletries

Pink marble Shield

Pink marble Shield soap will be available in the Harlech, Westward and Central Wales television areas from October 10 on test market. Available in family (£0.29) or large (£0.23) sizes they come in cases of 48 and 72 respectively. Also from that date sea green Shield large soaps will be packed in 72s. The retail price will remain unchanged (£0.23) (Lever Brothers Ltd, Port Sunlight, Wirral, Merseyside L62 4XN).

Almay additions

Almay Cosmetics have introduced two lightweight moisturisers, one for day and one for night, into their Deep Mist skin care range. The company says that each has been specially formulated for "fast deep penetrating absorption into the skin" and that they afford effective protection around the clock for people with a combination to normal and slightly dry skin. And as with all Almay cosmetics they are designed to minimise the possibility of an adverse reaction to ingredients. Deep Mist Ultralight moisture lotion (55ml, £1.50; 125ml, £2.50) is the daytime treatment, it is soft and fluffy to the touch and is packed in a lightweight cylindrical plastic bottle. Ultralight night cream (56ml, £2.00) is a blend of active moisturisers, lubricants and emollients which is said to be suitable for the treatment of tiny lines around the eyes and throat.

Almay have also introduced a co-ordinated colour range for autumn, called Woodtones. The latest addition to the Shadow N'Light eye shadow range is smokey walnut (£1.25). Rich creme blusher (£1.35)—a cheek colour which gives a translucent glossy sheen in red maple, peach brandy and spiced

apricot—is another new addition and rich creme lipsticks will also be available (£0.95) in red maple, copperwood and copper blaze. These are the same colours as for the Rich Creme nail enamel (£0.95). Available mid-November (Almay Cosmetics, PO Box 17, 225 Bath Road, Slough, SL1 4AV).

Payot eye make-up

Payot of Paris have introduced two new eye make-up products. A kohl eyeliner pencil (£1.25) is available in a range of three colours, black, brown and dark blue. A complementary range of six soft eyeliner crayons (£1.25) will also be available in sky blue, dark grey, peach, bronze, dark green and light green (Payot of Paris, High Holborn House, 52 High Holborn, London WC1 6RL).

Electrical

Braun Micron shaver

Braun Electric (UK) Ltd have introduced the Braun Micron (£35.95). The key feature, the company says, is a precision structured foil, based on a pattern of oval holes with angled sides. Apparently research has proved that an oval hole is the ideal shape for trapping the hair quickly—the angles hold the hair securely for cutting and prevent the skin from arching into the hole and being damaged. Therefore, says Braun, the "unique foil geometry offers quick, close shave whilst protecting the skin, it offers a more comfortable shave". The Braun Micron also has the advantage of being slim, fitting into the hand with an easy-grip finish, and has an extendible long hair trimmer which gives "full visual control while in use". The shaver comes in a multi-purpose case which folds back to reveal a travelling mirror and which can be slotted into a wall bracket making for convenient storage and useful travelling kit (Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex).

Trade News

Band-aid relaunched with non-stick cushion

Band-aid plasters are to be relaunched by Johnson & Johnson Ltd, Slough, Berks SL1 4EA, as a "total range concept" with what is described as the "largest-ever promotion mounted for a first aid dressing". The relaunch includes a £350,000 national television campaign breaking in November and 12 million 5p-off coupons offered in the daily Press in the New Year.

The company says that the "new generation" Band-aid features the non-stick cushion pad first introduced on the clear elastic range in 1974 and now replacing the gauze dressing on the original waterproof range. In addition a softer, more flexible plastic tape has been introduced with improved adhesive qualities which is said to make the plasters more comfortable and more waterproof.

A new pack has also been designed to provide more display impact and stress the product benefits. Business development manager, Peter Farrar says, "The technological improvements we have built into Band-aid offer very real advantages to the consumer and, with the heavy advertising planned, offer even greater opportunities for the chemist trade to increase turnover... We can now project Band-aid through chemist outlets emphasising the unique non-stick cushion pad feature expressed in the 'faster healers' message. We believe it supplies a significant reason why consumers should switch brands".

Radian's pain chain

Radian Chemicals Ltd, Stepfield, Witham, Essex CM8 3AG, have introduced a new display unit for Radian-B and Radian massage cream, which ties in with their current advertising campaign begun last

Packs of the new Band-aid with the non-stick cushion pad, are imprinted with the St John Ambulance logo.



month and running through to March. The company is continuing to use the "pain chain" theme in the advertisements appearing in the *News of the World*, *Sunday People*, *Sunday Post*, *My Weekly People's Friend*, *Woman's Weekly*, *Reveille*, *Woman & Home*, *Sewing & Knitting* and *Readers Digest*, saying that it has proved very successful in the past. Discount terms are offered to independent retailers of an extra 12½ per cent discount on orders of £50 and 10 per cent on orders of £25. Products within the Biovitil, Radiol and Wade ranges may be included to qualify.

Babymilk mixing change

Cow & Gate Babyfoods Ltd, Trowbridge, Wilts, have introduced new mixing instructions and a simplified feeding table with all babymilks. Premium leads the way in October, with V Formula and Babymilk Plus following a few weeks later. All three will carry the wording "New feeding table for easier mixing" and the size of the Premium pack will change to match the V Formula pack.

The new mixing method has been introduced to lessen the risk of mothers making up a feed with the wrong quantities of powder and water. Cow & Gate specify that one scoop of powder is added for each fluid ounce of water, and that the powder is added after the correct volume of water has been put in the bottle. The scoop size has been slightly adjusted to ensure correct concentration of feed. Cow & Gate also recommend that mothers do not change scoops from one powder to another. They are designed specifically for each of the babymilks, and should be used only for those milks.

Feeding times are no longer indicated, instead the number of feeds needed per day is suggested. Cow & Gate's chief chemist Ron Hendey says, "The new feeding table allows a greater flexibility to take into account babies' individual needs."

Dixcel cut price gifts

British Tissues Ltd, 101 Whitby Road, Slough, Berks HA3 8BS, are offering "substantial reductions" on a range of gifts for men and women with their Dixcel family facials packs and mansize tissues.

The offer is illustrated in colour on packs now being delivered and is timed to support stockists during the Christmas period. It gives reductions of between 16 and 25 per cent off normal retail prices of seven different items. Purchasers of the mansize pack can choose between a set of three dice games, a magnetic adult toy—the Philosopher's Knot puzzle, and an eight foot crossword puzzle. Purchasers of the family facials are offered a silver ingot, pewter zodiac pendants or a set of miniature bottles of French perfume.

Transoak hard lens solution

Our guide to contact lens solutions (C&D, September 24, p439) indicated wrongly that Transoak from Smith & Nephew Pharmaceuticals Ltd, PO Box 7, Bessemer Road, Welwyn Garden City, Herts, was a combined cleaning and wetting solution. Transoak is a cleaning and soaking solution and if used directly in the eye in copious amounts could cause irritation.

Ronson three media Christmas

Nationwide advertising using three media—Press, radio and posters—will make their 1977 Christmas advertising campaign the most successful yet say Ronson Products Ltd, Randalls Road, Leatherhead, Surrey. It will be spearheaded by the two new Ronson products, the Spirotechnic shaver and the Hot Shot 1000 hairdryer, with the RS 75 rechargeable shaver, the stylerdryer and the automatic toothbrush strongly featured. Over £100,000 will be spent on advertising in the national Press for the new Spirotechnic shaver. From November 14 full colour whole page and double page spreads will run in the *Daily Express*, *Daily Mail*, *Guardian*, *The Times*, *Observer colour magazine*, *Sunday Telegraph magazine*, *TV Times*, *Mayfair* and *Punch*.

Large 48 sheet posters will promote the Hot Shot 1000 hairdryer. 900 of these 20ft by 10ft posters are on prime sites in England, Wales, Scotland and Northern Ireland. The company says that 78 per cent of all adults in the UK will see them—that's over 32 million people. 200

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Trade News

Continued from p517

prime time radio spots on all 19 stations nationwide are booked for the RS 75 rechargeable shaver and stylcdryer, starting on November 7.

The automatic toothbrush will be advertised in magazine Christmas gift panels throughout December in *TV Times*, *Woman*, *Woman's Own*, *Woman and Home*, *Homes and Gardens*, *Ideal Home*, *Mother*, *Home and Freezer Digest*, *Good Housekeeping* and *Readers Digest*.

Lux soap given face-lift

Lux Beauty Soap, 114 New Bond Street, London W1Y 9AB, has been given a "face-lift". There is a new wrapper design and a new colour range available—white, pink, blue and peach—all designed, says the company, to tone in with today's most popular bathroom colours. A new perfume has been created by the Swiss perfume house Givaudan combining a variety of exotic ingredients, jasmine, ylang ylang, patchouli, sandalwood and cedarwood.

To support the relaunch a heavy advertising programme beginning on October 10 will include £200,000 of television and radio advertising. In addition Lever Brothers are offering a money-off pack promotion on all three sizes—7½p off the family size (6½oz £0.28½), 5p off the bath size (5oz £0.23) and 2p off the toilet size (3oz £0.14)—for about five weeks.

A consumer competition is also being planned—10 million leaflets are being distributed for a "World's beauty secrets" competition offering consumers holidays abroad and perfume.

Kodak bursaries for 1978

Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts HP1 1JU, have announced that the 1978 Kodak Photographic Bursary Awards Scheme, valid only within the UK, is designed to broaden the scope for potential applicants by offering an open subject matter for the projects. Their purpose is to stimulate and extend the uses of photography and to foster and broaden the undertaking of photographic studies.

The bursaries will be divided into two categories: £7000 is available to provide two or more open bursaries but no one bursary may exceed £3,500, and a total of £2,500 is available to provide one or more student bursaries to be awarded to individual young students registered on a course of full time study with a recognised

school or college. The 1978 judging panel will comprise: Sir Paul Reilly (chairman), Mr Jim Fraser, department of photography, West Bromwich College and Dr David Thomas, keeper, Science Museum photography collection.

Closing date for applications is the end of February 1978. Requests for copies of the prospectus and application forms should be sent to the administrator at the above address.

Badedas biggest?

Beecham Proprietaries, Great West Road, Brentford, Middlesex, have pointed out to C&D that, although there is a growing demand for eye-catching window displays for Badedas products and even though some chemists are filling their shops with Badedas, it is not anticipated that they will be enlarging their windows to accommodate a 17ft by 11ft by 13ft display aid (C&D, September 17, p407). They add that a more compact, "though equally striking unit," measuring a mere 17in by 11in by 13in is available from Beecham representatives and say "there's no need to call in the shopfitters after all!"

Scottish Sucrets from Beecham

The medicines division of Beecham Proprietaries, Beecham House, Brentford, Middlesex, is to distribute and advertise Sucrets lozenges in Scotland. This is the first stage of Beecham acquiring Sucrets in the UK from Merck, Sharp & Dohme Ltd, following the recent Beecham Group purchase of the Calgon consumer products business in the USA from Merck.

Pending final transfer of the brand Merck, Sharp & Dohme will continue to supply Sucrets in England and Wales. The price increase announced last month (£0.39 per 24) will be maintained by both companies but Beecham are offering a bonus in Scotland to tie up with a winter-long advertising campaign in that region.

Diamox pack change

The 500 pack of Diamox tablets 250mg has been replaced by a 1000 pack (£43.64 trade) from October 5, say Lederle Laboratories Ltd, Fareham Road, Gosport, Hants.

Cossack flaunt Phil

Reckitt Toiletry Products, Reckitt House, Stoneferry Road, Hull HU8 8DD, are planning a Press advertising campaign featuring Phil Parkes, in men's interest magazines during October and November. Two full colour advertisements are being used, both emphasising how Cossack quickly gets the footballer's hair back into style and condition after a match. They will appear in *TV Times*, *Weekend*, *Titbits*, *Punch*, *Men Only*, *Mayfair*, *Penthouse*, *Playboy*, *Motor*, *Autocar* and *Film Review*. There will also be a large size black and white



advertisement in the *Daily Mirror* and *Sun* this month.

Phil Parkes is also featured in *Football* magazine and *Shoot* who are offering Cossack kit bag for £3.15 instead of the list price of £5.50.

Stowaway for Christmas

The three Stowaway Colognes which have recently been given new fragrances by Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY, are now available in Christmas packs. Sleep, Lagoon, Dawn Flight and Orient Express (concentrated Cologne spray 42g, £1.50) are presented in packs containing the spray and matching tale (£2.30) or in special Christmas packs containing a spray.

Bonus offers

Thos Guest & Co Ltd, Carruthers Street, Ancoats, Manchester M4 7HX. Vocal zone pastilles 13 as 12 on 3 dozen. Decafex, Antibiotic and Quatoral throat lozenges orders for 1 gross 1 dozen free. Until January 1978.

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on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Glamorgan; E—Eireann; CI—Channel Island.

Anadin: All areas

Aspro clear: All except E

Farley's rusks: A

Haliborange: We, M, Lc, Sc, So, G

Imperial Leather soap: All except E

Nomor grey: U, E

Philishave: All areas

Roskens: M

Vichy: WW, So

Vitarich: Lc

Vosene shampoo: All except E

30 million adults are more likely to take baths this Christmas



 This Christmas, Imperial Leather Bathing Foam will be back on television with a specially made Christmas commercial.

 30,000,000 adults will see the commercial and get the message that Imperial Leather, the luxury Bathing Foam makes an ideal Christmas gift.

 The current campaign has already established Imperial Leather Bathing Foam as a major brand in the liquid bath additive market.

 All you need to do is see your Cussons Salesman or call Bill Finch on 061-792-6111 to make sure you're stocked up. Ask for Imperial Leather Bathing Foam in the special Christmas gift pack.

We've joined forces to

We're happy to announce that the Bowater • Scott and Libresse sales teams have recently joined forces.

That's very good news for you too, because we can now provide a bigger sales force and better service than ever before to help increase your sales.

What's more, we're cutting the Libresse prices – 10p off the 20 towel pack and 5p off the 10 towel pack. And at 24p, the budget-priced Pennywise pack is even better value.



Libresse, Libresse Comfort, Libresse Pennywise sanitary protection products, and Klorane and Helancyl toiletries are marketed and distributed by Bowater • Scott Corporation Limited, as agents for Sancella Ltd.

strengthen your sales.



Supplement to Chemist & Druggist October 8 1977

Infants demand more Milupa... ...so here are three new varieties

Milupa are meeting the demand of mothers for new varieties of their successful infant foods. There's a new Milupa Rice Dessert—gluten-free and made in an instant just by adding water. For starting the day there's a new natural 7-Cereal Breakfast with a modified milk added. And there's a lovely new soft-fruit Milupa dessert—Milupa Infant Food with Raspberries. All of these foods taste good. They are made as easy-mix granules; fully supplemented with vitamins and iron; presented in economy packs offering 10 to 15 portions. Meet the demands of your local mothers by stocking these new Milupa Infant Foods. Call your wholesaler or see your Milupa representative for details.



milupa
A new generation
of infant foods



Milupa Limited, Milupa House,
Cowley Peachey, Uxbridge, Middlesex
Telephone: West Drayton 48286

BABYCARE: A C&D SPECIAL FEATURE

Nutritional aspects of baby food development

by J. C. K. Wells BSc, Nutritionist, H. J. Heinz Co Ltd

Weaning involves the gradual introduction into the infant's diet of ordinary foods leading eventually to a substantial replacement of the specialised fundamental infant food, milk. The infant gradually learns to adapt his manner of oral assimilation with the changes in consistency and texture of foods in the diet. Manufactured baby foods are especially designed to meet the nutritional needs of the infant in a form which is convenient and reassuring to the mother.

Strained foods are passed through a fine sieve to remove all coarse material, but the fibre content derived from the vegetable ingredients is unaffected. Junior foods contain a portion of fine particulate matter which encourages the process of chewing. Both types of food have a consistency suitable for feeding from a spoon. Spoon-feeding a young baby with a food having a thin consistency is a difficult task and, therefore, manufacturers use small quantities of ingredients such as cornflour, rice flour or flour to thicken their products.

Ingredients used

Since it is widely recognised that a varied diet is likely to be nutritionally adequate, baby foods have been designed to include a wide range of selected ingredients, suitably blended in the form of a large number of products. Some of the ingredients used in baby foods and their nutritional contribution are in table 1.

Each recipe is specially developed by a team of chefs, technologists and nutritionists to be suitable for and able to

make a positive contribution towards the nutritional needs of the infant. No attempt is made to ensure that each variety is nutritionally complete in itself, as this is not regarded as a necessary objective, providing the mother is advised to select different foods from the range offered. In fact, nutritionally complete products would be very difficult to formulate from natural ingredients and would greatly restrict the choice of recipes.

Experience shows that mothers are not anxious to try unusual combinations of ingredients. On the contrary, the demand is entirely for a baby food counterpart of traditional family dishes. Baby foods are generally made to specially adapted recipes of dishes well known to the mother. For instance, meats are usually blended with vegetables and prepared in the form of stews; fruits may be blended with bland ingredients such as cereals and milk in the form of desserts.

Salt was first removed from baby foods by Heinz in October 1974 and this practice has been followed by most manufacturers. An excessive intake of sodium may be injurious to an infant's health¹. The sodium requirement of a young baby is adequately met by the sodium naturally occurring in milk and solid foods. Unsalted food seems bland to the adult palate which has become conditioned to seasoned food. However, an infant reared on a low sodium milk finds unsalted food perfectly natural and as acceptable as that which has been salted².

No artificial colours, emulsifiers or

flavours are used in baby foods. Canned and bottled products are hermetically sealed under vacuum before cooking and therefore oxidative changes are minimised without the use of chemical preservatives. However, dried baby foods frequently contain the preservative sodium sulphite which is necessary to prevent colour and flavour changes.

Vitamins and minerals

Much attention is paid to the nutritional content of baby foods, since it is intended that a diet consisting entirely of milk, baby foods and DHSS vitamin drops (containing vitamins A, D and C) will be nutritionally satisfactory. Some vitamins are lost when food is cooked, whether at home or in a food factory.

Ascorbic acid is readily destroyed by heat in the presence of oxygen, especially at neutral and alkaline pH values. With respect to this vitamin, the manufacturer has four advantages over the housewife:

1. The direct supply of raw materials to food factories means that the manufacturer frequently uses ingredients which are more fresh than those purchased by the housewife in the shops and used at home.
2. The conditions of food preparation and cooking can be more carefully controlled by the manufacturer who uses advanced equipment which has been specifically designed for this purpose. For example, the cooking time of canned and bottled foods is automatically controlled by a pre-selected programme and the temperature and time of this process is monitored on a chart which provides a permanent record.

3. As much as 80 per cent of the ascorbic acid in vegetables may be leached into the cooking water when they are prepared at home³. This ascorbic acid, together with other water-soluble vitamins and minerals, is usually poured down the drain. The cooking processes used to prepare baby foods usually retain all the cooking liquors and thereby avoid leaching losses.

4. Food manufacturers can selectively add vitamins or minerals to their products to compensate for cooking losses.

Ascorbic acid

All manufacturers add ascorbic acid to at least some of their fruit varieties because these foods are expected to provide most of the ascorbic acid in a baby's

Table 1: Baby food ingredients and their major nutritional contribution

Ingredient type	Foods included	Major nutrients
meats and fish	beef, chicken lamb, pork, bacon, haddock	protein, fat, B vitamins, iron
dairy products	milk, cheese, cream, butter	protein, fat, calcium, riboflavin, retinol
cereals	wheat, rice and barley flours, rolled oats, cornflour	carbohydrates, protein, B vitamins, calcium, iron
pulses	soya flour, haricot beans, peas	carbohydrate, protein, iron
fruit & vegetables	apples, bananas, apricots, oranges, tomatoes, carrots, potatoes	carbohydrate, mineral elements, ascorbic acid, β -carotene

October 1977

iet. For example, Heinz add not less than 5 mg/100 g to all their fruit and pure vegetable varieties so that one 4½ oz can jar provides a one year old infant with its total daily recommended intake of vitamin C. The quantity of ascorbic acid added in the recipe allows for (a) losses occurring during sterilisation and (b) half-life losses. The former are minimised by the careful control of the temperature and duration of sterilisation and by removing air in the headspace before the can is sealed.

Effect of temperature

The effect of temperature on shelf-life is shown in the graph. Ascorbic acid concentration is plotted on a log scale and not on a linear scale because the degradation is reported to be a first order reaction in anaerobic food systems⁴. As one would expect, ascorbic acid is more stable in products stored at lower temperatures. Thus over a period of one year, the graph shows that the level in canned strained apricot custard decreases by 9 mg and 24 mg at 20 and 30°C respectively. Also, the rate of ascorbic acid degradation at 37°C, a temperature often reached by goods displayed in a sunny shop window, is about four times the rate at normal room temperature (20°C). These data enable a manufacturer to calculate, with confidence, the amount of ascorbic acid retained in products stored for various periods of time and temperature.

—A government report on the nutritional status of British pre-school children showed that about 20 per cent of infants aged 6-18 months have iron intakes below the recommended daily intake⁵. The study also pin-pointed manufactured baby foods as a major source of iron, which for infants in this age group provided 29 per cent of the dietary intake.

The type of iron added to food has to be carefully chosen since ferric iron is generally less well absorbed in the intestine than ferrous iron. However, the more useful form is also chemically more reactive and with some products its addition may produce an off-flavour or cause discolouration. Modern packaging technology and the careful control of processing help food technologists to overcome these problems and enable manufacturers to add ferrous sulphate, one of the most available forms, to a range of baby foods without adverse effects.

Experiments with adult subjects indicate that ferrous sulphate added to a savoury variety is more efficiently absorbed in the intestine when it is consumed with a fruit dessert containing added ascorbic acid. Brise and Hallberg conclude from their work that the effect of ascorbic acid on promoting iron absorption is mainly due to its reducing action within the gastrointestinal lumen, preventing or delaying a formation of insoluble or less dissociated ferric compounds⁶. Table 2 demonstrates the impor-

continued on p526

Table 2: Iron content of diets recommended by Heinz

Age (months)	Iron from milk* (mg)	Iron from Heinz foods (mg)	Iron from other foods (mg)	Total iron intake (mg/day)
0-1	1.0	—	—	1.0
1-2	1.3	—	—	1.3
2-3	1.3	—	—	1.3
3-4	1.5	—	—	1.5
4-5	1.2	3.4	0.5	5.1
5-6	0.7	6.5	0.5	7.7
6-8	0.5	6.5	0.8	7.8
8-10	0.4	6.0	1.2	7.6
10-18	0.6	5.6	2.0	8.2

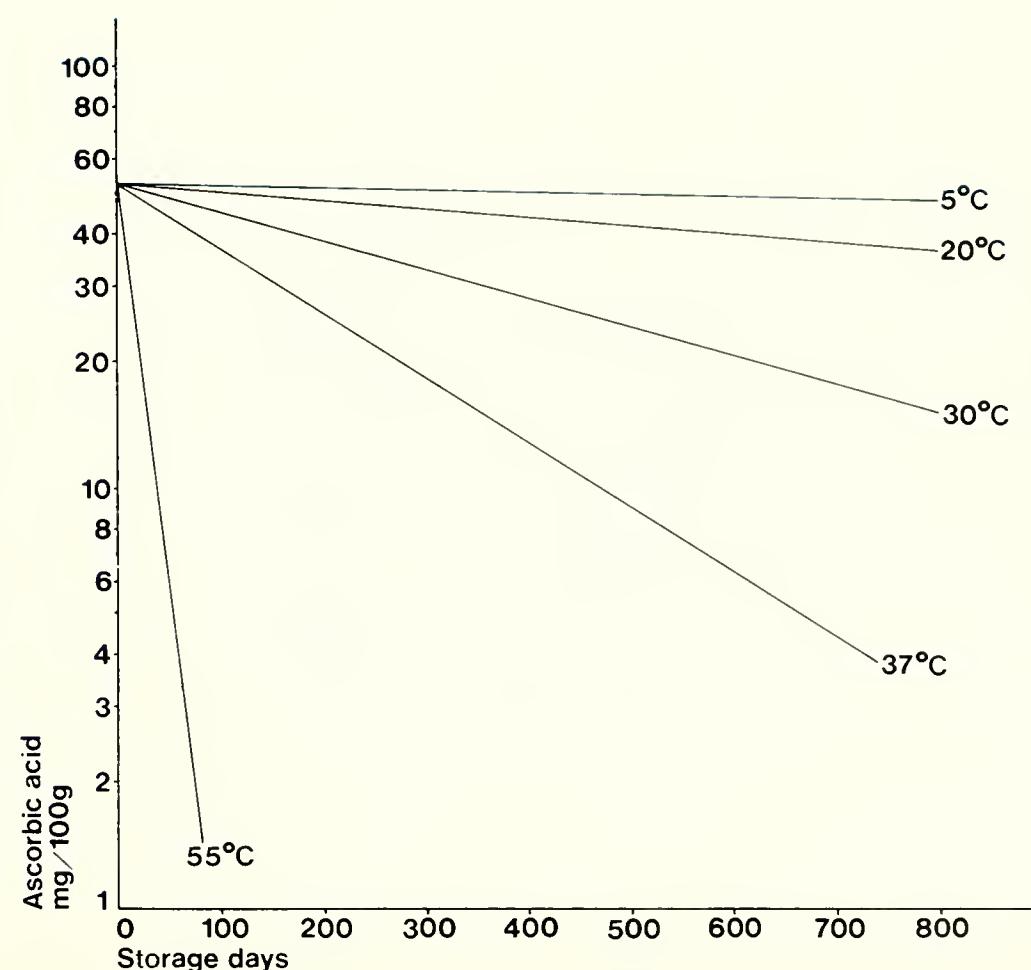
*Human milk consumed for the first six months, therefore, cooled boiled cows' milk.

Table 3: Protein content of meals

Meal	Protein g
Strained beef & bone broth	4½ oz 5.7
Strained choc pudding	4½ oz 3.6
Fresh orange juice	1½ oz 0.2
Total intake	9.5
% Recommended daily intake*	60
Strained country lamb & carrot puree	4½ oz 4.2
Strained fruit dessert	4½ oz 0.5
Total intake	4.7
% Recommended daily intake*	30

*At 5 months, 7 kg body weight

Stability of ascorbic acid in strained apricot custard (cans) stored at five temperatures



Baby food development

Continued from p525

tance of the contribution made by iron fortified baby foods to the total intake.

The recommended daily intake of iron is⁷: 0-1 year—6 mg for infants who are not breast fed. Infants who are entirely breast fed receive smaller quantities but these are adequate since absorption from breast milk is higher; 1-2 years—7 mg.

Other factors

Other factors which are included in the Heinz nutrition policy are:

1. Maximum energy content of 100 kcal/100 g (420 kJ/100 g). This ensures that the energy levels of the diets recommended by Heinz do not exceed the intakes recommended by the DHSS.
2. Sugar is not added to any savoury baby food and in desserts its use is restricted to produce an acceptable flavour. This minimal use of sugar helps to prevent the development of a sweet tooth and the associated disease dental caries.
3. Minimum protein level of 3.1 per cent in all yellow label (premium) varieties.

This protein standard ensures that a can or jar of a dinner variety provides at least one quarter of the daily intake of protein recommended for a 5 month infant weighing 7 kg (15.4 lb)⁸. This is mainly provided by the protein rich ingredients meat, fish, eggs, milk, cheese, soya flour and wheat flour. Table 3 gives two examples of the protein content of midday meals suggested for 5 month old infants.

4. Range of products includes a good selection of gluten-free (free from protein derived from wheat, rye, oats or barley) varieties. To help mothers of infants with coeliac disease, Heinz have increased their range of gluten-free baby foods and identify these products by placing the symbol of the Coeliac Society on the labels.

Manufactured baby foods provide a mother with a wide range of pureed and diced foods which are made to very high nutritional and hygienic standards. They have a consistent and known composition which is confirmed by chemical analysis. By following the latest research in infant nutrition and through discussions with paediatricians and governmental authorities, food manufacturers ensure that their products and diets conform to current expert opinion. The convenience of these products also gives a mother an opportunity to spend more time relaxing with her baby and therefore can ease considerably the anxiety and tension that she may undergo.

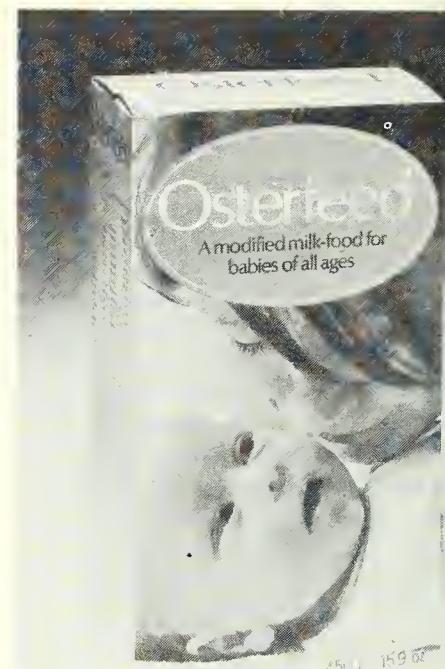
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2. Fomon, S. J., Thomas, L. N., and Filer,

BABYCARE

Osterfeed goes national

Osterfeed, the infant milk food from Farley Health Products Ltd, Torr Lane, Plymouth, Devon PL3 5UA, which has been on test since February, is now available nationally. The company says that Osterfeed (450g, £0.85) has been formulated after many years of research to be the infant food closest to breast milk. It is already being used in selected hospitals throughout the UK where it has proved to be a reliable and satisfying product, say Farleys, and one which is successful with mothers unwilling or unable to breast feed. A gas packed powder in foil, Osterfeed is available in outers of 12. It is based on demineralised whey and joins the company's two other low-solute milks,



Ostermilk Complete Formula and Improved Formula Ostermilk Two which, they say, are all suitable for babies from birth onwards.

A new range from France

Klorane baby care preparations, recently launched in the UK, are claimed to be the number one baby brand in France both in pharmacies and all other outlets, with a 25 per cent share of a total market of 136 MF.

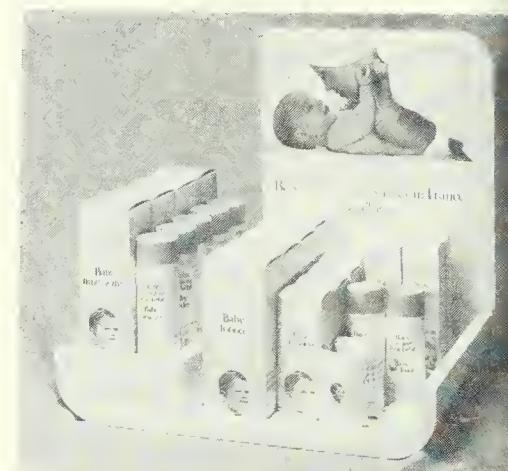
The products are described as having "an elegance that is very French" and are more expensive than their British counterparts. "Nevertheless, the texture and delicate fragrance is of a very high quality, and the packaging—with its fresh blue and white gingham pattern—is novel and appealing," say Molnlycke Ltd, Sancella House, Harpenden, Herts AL5 4SR.

Based on the purest natural oils and plant extracts, the preparations are said to be hypoallergenic. The range includes baby lotion (enriched with extract of marigold and almond oil), baby cream, baby powder (with marigold), baby shampoo, baby soap (based on almond oil, oil of marigold and lanolin), bath foam and baby toilet water (described as "a very French preparation, designed to cleanse and cool the sensitive nappy areas, leave baby smelling fresh and sweet, and make

nappy-changing a little more pleasant for mother!").

Prices are: Baby lotion £1.85 (200 cc); baby cream 92p (50 g); baby powder 98p (90 g); baby shampoo 84p (125cc); baby soap 73p (100 g); baby bath foam £1.58 (100 cc); baby toilet water £1.48 (250 cc).

The range is already being advertised to the public.

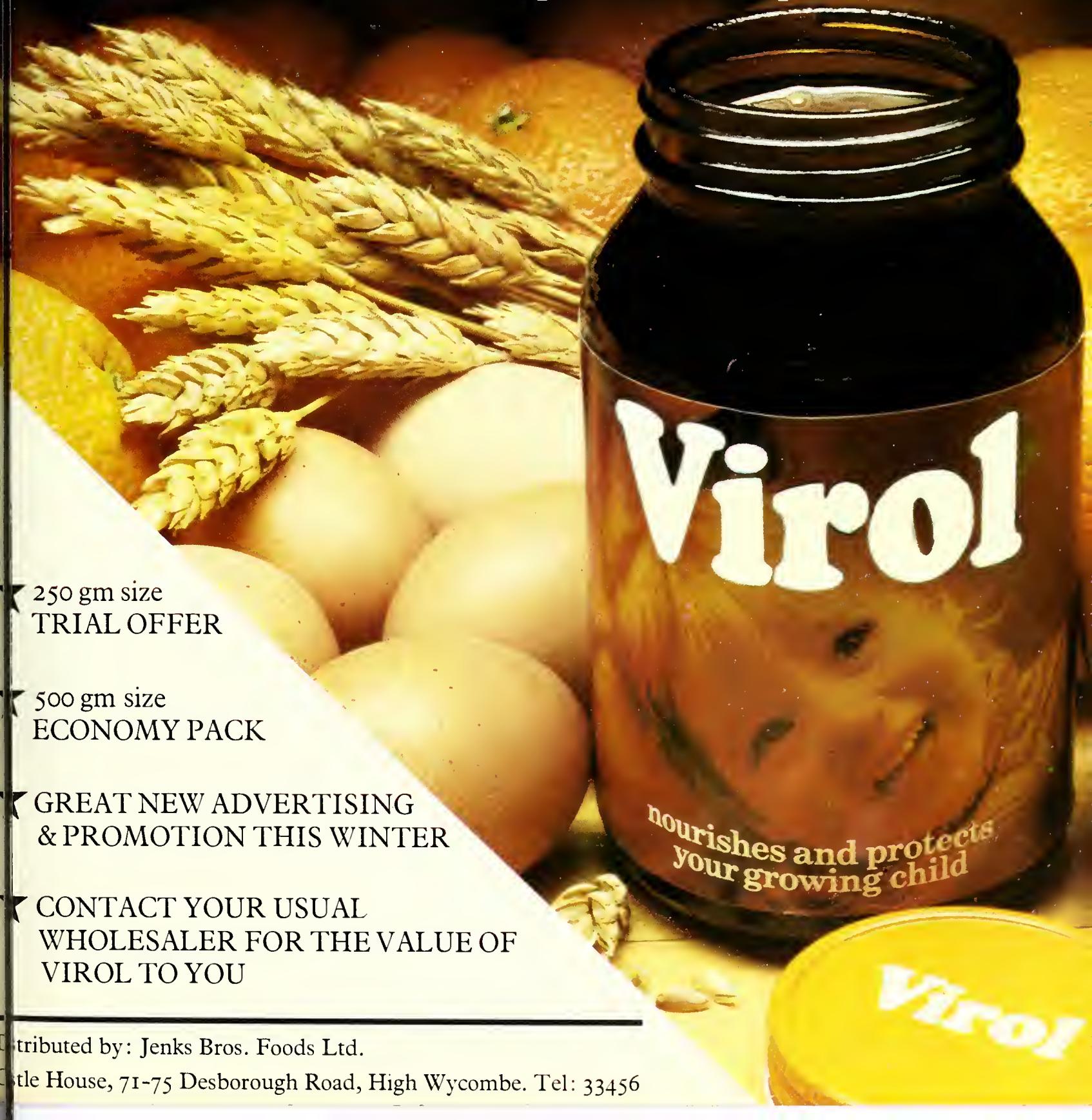


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8. Fomon, S. J., Thomas, L. N., and Filer,

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....mum's smiling too.

When children are teething they don't tend to smile much. Nor do they sleep well. Which means that mum doesn't either.

The ideal treatment for painful infant teething is Bonjela.

Bonjela contains Choline Salicylate a powerful, fast acting analgesic to soothe away pain. It also contains Cetalkonium Chloride, a wide spectrum antiseptic. As well as reducing any secondary infection, Cetalkonium Chloride lowers surface tension allowing the analgesic quicker access to the painful mucosa.

In most cases Bonjela soothes away pain in 1-3 minutes and the relief lasts for up to 3 hours.



That's why we call it

**The
3-minute
smile**

 Further information is available from: Lloyds Pharmaceuticals Ltd.
A member of Reckitt & Colman Pharmaceutical Division, Hull.

**Preparations containing aspirin should not be given
to babies during treatment with Bonjela.**

Product Licence No: 0107/5002

BABYCARE

Vitamin supplements: do babies need them?

by Michael Schwab MSc, LLB, Nutritionist, Farley Health Products

For people living in the heart of the country, enjoying the fruits of mother nature, a healthy life is axiomatic. Fresh food, fresh water and fresh air promote the healthy growth of infants and provide the basis for a happy life. It sounds ideal and, for most of us, it remains an ideal. The vast majority of people in our society eat highly processed food, drink recycled tap water and breathe the toxic fumes of the internal combustion engine.

And yet, despite our drift to the cities over the last two hundred years, mankind continues to grow, and thanks to the discoveries of science, we are able to overcome many of the hazards of modern urban life. Biochemistry has shown us what our bodies need to maintain efficiency and, where ill health occurs, we have a range of pharmaceutical and nutritional products to alleviate the problem.

Breast feeding

This maintenance of scientific progress to offset the degradation of our environment is well illustrated in the area of infant feeding. Throughout history, until the industrial revolution in the last century, most infants who survived birth were breast fed by their mothers. And breast milk contains all the nutrients required to sustain healthy development during the first six to twelve months of life. This is brought to light once more by the recent Department of Health report "The composition of mature human milk"¹. Even the vitamin D content of breast milk, which had for some years been considered inadequate, is now shown to be sufficient. The reason for the misunderstanding was that vitamin D was always thought to be only fat soluble, and an aqueous element was never sought. It is now known breast milk is a source of water soluble vitamin D sulphate.

However, though breast feeding may be excellent, this ancient practice is not at present fashionable, and the sale of manufactured milk formulas reflects this fact. The continual sophistication of these products, with a general trend towards the imitation of breast milk, provides a convenient and chemically sound alternative for mothers unable or unwilling to follow traditional practice. The latest infant milks such as Osterfeed or SMA Gold Cap are not only similar to breast milk in their protein, fat and carbohydrate content, but also contain a wide range of minerals and vitamins at appropriate levels. The practice of giving vitamins to the bottle fed infant is becoming redundant.

But whilst infants fed solely breast milk or a manufactured modified cows milk preparation are highly likely to receive adequate vitamins, this situation may come to an end with the introduction of weaning. The trend away from breast feeding has been accompanied by a similar movement towards the early introduction of solids. This then opens the infant to possible vitamin deficiency. In the Department report on "A nutrition survey of pre-school children 1967-68"², the value of vitamin supplements was shown to be critical in the post-weaning period. This was particularly the case for vitamin D, which is present only in a limited number of normal household foods. (The main source of vitamin C in the first three years of life was also shown to be from supplements, and for both these vitamins

it was the larger, poorer families where the need for supplementation was greatest.) The report pointed out that as infants begin to participate in the family diet, and their access to fortified milks and manufactured baby foods declines, the incidence of inadequate vitamin D intake increases if supplements are not taken. Reports of cases of rickets, all from poor urban areas, and notably from Glasgow, seemed to confirm this view³.

Limited diets

Of course it should be possible to obtain all the nutrients we need from our normal daily diet, but for most of the community it is not. Dietary habits, like any other habits, tend to develop in response to our environment. The modern mother is restricted in her dietary organisation by limited funds and time, and by her uncertainty as to what may be the best food for her child. Advertisements are a major source of nutrition education. Recognising the need to make vitamin supplements available to as many infants as possible, the Department reinforced its own programme. Adexolin vitamin drops (vitamins D, C and A), had been available for some years through pharmacies and now a similar preparation, children's health drops, was produced especially for the Department of Health. These products continue to be used.

The extent to which this form of supplementation is taken up, which would at least be reflected in a reduction of the incidence of vitamin D deficiency, remains to be seen. The 1975 report (mentioned above) considered that intakes of vitamins A, B1 and B2 were above recommended levels in children up to 2½ years old. With increased consumption of highly processed foods in the community as a whole, and especially in children, it is a matter of speculation whether older children are receiving adequate amounts of these and other vitamins. The prophylactic use of vitamin supplements for older children, and adults, may well be an important counterbalance to the increasing cost and—at certain times of the year—short supply of whole fresh food.

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1. DHSS (1970) Interim Report on Vitamin D by the Panel on Child Nutrition
2. DHSS (1975) A Nutrition Survey of Pre-School Children 1967-68
3. DHSS (1977) The Composition of Mature Breast Milk



A happy, healthy baby—does he need these extra vitamins?



BABYCARE

Milupa add three more varieties

Milupa have introduced three new varieties of their popular granulated infant food range. The three products, all with added modified milk, are rice dessert (gluten free), 7 cereal breakfast and raspberry infant food. Fortified with the major vitamins and iron, they are in 10 to 15 portion packs of 150 g (£0.49) and are being stocked by major chemist wholesalers.

The introductions follow requests from mothers and health visitors for new varieties of Milupa foods. The convenience of these all-in-one foods, offering a number of portions, is appreciated by mothers. The economy of the 150 g packs has been welcomed—made up as recommended just by adding water, each Milupa pack makes about 21 oz prepared food—sufficient for 10 to 15 portions at a cost to the mother of about 3 to 5 p.

The foods should be introduced gradually to babies at about four months. One teaspoonful to one tablespoonful of Milupa should be prepared with water and given as tiny tastes before or during a breast or bottle feed. By giving gradually increasing amounts one Milupa feed can eventually replace one breast or bottle feed. It should be ensured that the baby also gets an adequate fluid intake.

Milupa foods can also be used for the pre-school child and for infants who are unable or unwilling to eat normal family foods, for example, during illness. Also useful for the elderly who need digestible, balanced nourishment which is easy to prepare but also has an interesting taste.



Each food has a long storage life when stored in a cool, dry place. When opened the contents remain in good condition for up to 14 days, if the foil bag is carefully refolded after use.

Granulated Milupa foods were launched in the United Kingdom in May 1975, following notable sales successes in Europe. Since then a total of six granulated foods and two plain cereals have been introduced and the makers claim they outsell all other dry cereals in many pharmacies as well as offering improved profitability. The foods have also been

successfully launched in Ireland. Milupa have four manufacturing units in Europe—eight European subsidiaries and a joint venture company in the USA.

Milupa are part of a European trading group with world-wide sales of about £527 million in 1976, engaged in the manufacture of batteries, pharmaceuticals, dietetics and cosmetics. The most recent achievement of Milupa has been the successful introduction of the first granulated baby milk—Milumil—now nationally stocked by chemists, and in good demand.

Feeding guide for Milupa infant foods and rice dessert

Age	Amount of granules	Water
Young babies	Approx 10 g = 1½ tablespoons	1 fl oz (30 ml)
Children—part of a meal	Approx 20 g = 3 tablespoons	2 fl oz (60 ml)
Children—as a meal	Approx 40 g = 5-6 tablespoons	4 fl oz (120 ml)

Feeding guide for 7 cereal breakfast

Age	Amount of 7 cereal breakfast	Water
Young babies	Approx 15 g = 2 tablespoons	1 fl oz (30 ml)
Infants	Approx 30 g = 4 tablespoons	2 fl oz (60 ml)

Toddlers' Bounty

Bounty Services, who operate the only UK co-operative sampling scheme to new mothers have launched the first edition of Toddler's Progress. Written for mothers known to have older children in the 1 to 5 year age group, the publication takes advantage of Bounty's ability to isolate this category of mothers from those having their first baby. Circulation is 275,000 mothers annually and first edition advertisers include Heinz Growing Up Meals, Savlon Antiseptic, Junior Disprin, Joy Rides, Clarks Shoes, Live-n-Learn Toys and Cherub.

A typical Bounty bag of samples and literature distributed nationally at a rate of 550,000 a year.



Beecham Bulletin

BEECHAM PROPRIETARIES BRENTFORD MIDDX

**BEECHAM
HOME MEDICINES
The Business
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Massive advertising means

SALES BOOM OVERALL

Growing Baby Business

Recent surveys show *Dinneford's* gaining popularity amongst more and more new mothers. Sustained advertising in national and mothers' press and the distinctive new packs both put new sales your way.

New sales, too, from *All Fresh Baby Bottom Wipes*. Clinical support is increasing - their feature at the Health Visitors Conference is sure to bring new recommendations... and regular sales.



Clearly a top-seller



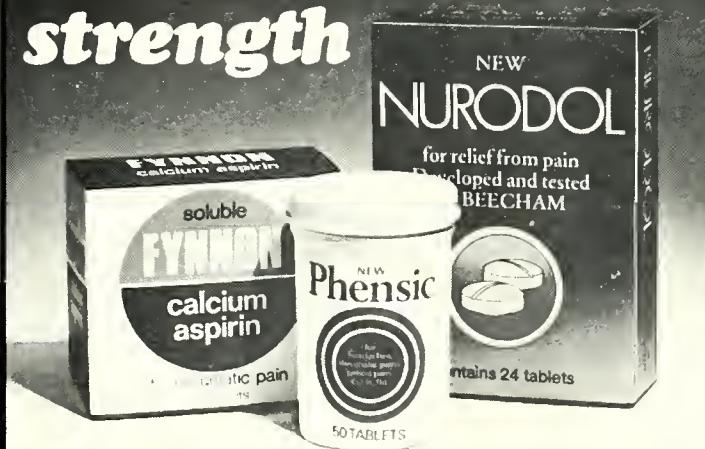
Clean and Clear . . . the new treatment for teenage spots. The one with everything needed to clear them up fast, in a single medicated gel wash that takes only minutes a day to use. The one that clinical trial has shown to work. The appeal of this all-in-one product to your customers is already clear.

Heavy advertising and eye-catching displays will turn that into ever better turnover for you.

BEECHAM brands are best sellers. Cough and cold remedies make seasonal news - but remember, other Beecham lines also offer massive potential, get record support, for booming chemist sales.

BEECHAM OFFICIAL

Analgesics gain in strength



PHENSCIC WINS NEW CUSTOMERS

The power of new Phensic advertising is confirmed by sales. Nationwide TV commercials keep up the good work this winter. Display Phensic, and see new customers give you more sales than ever.

NURODOL GAINING GROUND

The clear, no-nonsense approach steadily attracts new users. Boosted advertising in the national press makes sure they get the message. Feature it in displays . . . and get the benefit of sales growth.

FYNNON HAS SPECIAL APPEAL

To more and more customers, rheumatic relief means Fynnon Calcium Aspirin. Winter will provoke renewed interest in the sales-winning press advertising . . . and new peaks in turnover. Make sure of your share with a prominent display.

PROFIT EXTRA

DIOCALM

Customers know it works for holiday diarrhoea. Winter advertising makes sure it will be in their medicine chests in case of gastric flu.

ELLIMANS

Advertising in top papers and gardening press reminds users of the need for warming comfort again this winter.

GERMOLENE

The stylish campaign underlines winter applications, sustaining family sales of their favourite 'first aid'.

COUGHS AND COLDS

Beechams Powders and the Hot Lemon form, Night Nurse, Veno's, Mac Lozenges . . . the top-selling Beecham brands get record support right through winter.

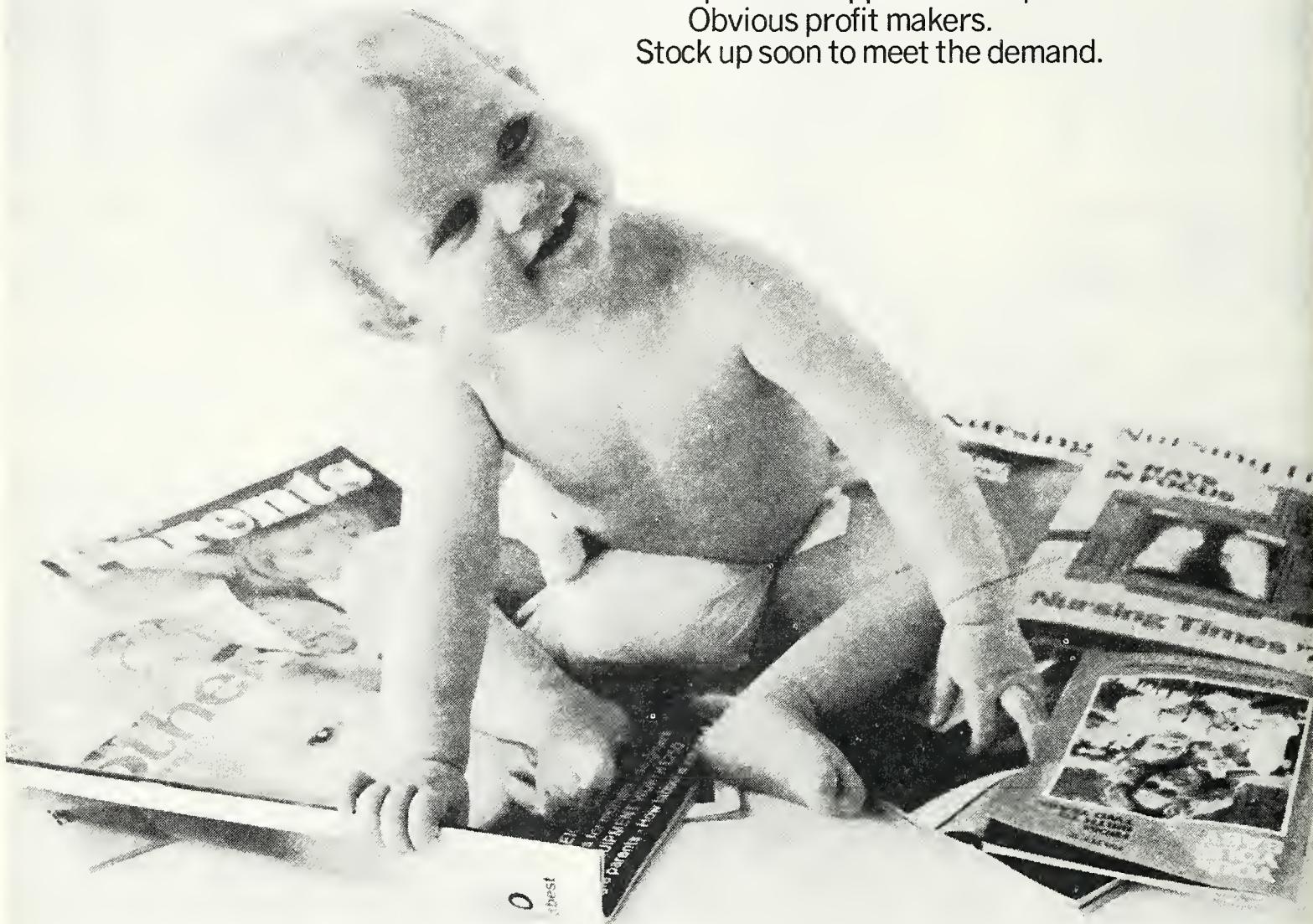
Perfectly placed to sell for you.

Lewis Woolf advertising will be seen in all the right places in 1976. Nursing Times, Nursing Mirror, Mother, Mother & Baby, Midwife & Health Visitor, Health Visitor, You & Your Baby, Parents. And the message will come across loud and clear that Lewis Woolf products are better designed, better made and represent better value for money. You only have to see them. Strong, safe, hygienic Freflo bottles and teats. Griptight Flexi-ring, the soothers that conform to British Standards. And super, strong and absorbent

Sof'down disposable nappies and tie pants.

Obvious profit makers.

Stock up soon to meet the demand.



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THE SAFEST PROFIT YOU'VE EVER MADE

Lewis Woolf Griptight Limited, 144 Oakfield Road, Selly Oak, Birmingham B29 7EE. Telephone: 021-472 4211

BABYCARE

Simple and effective sterilisation methods

Though breast feeding is coming back into vogue with mothers, most still bottle-feed their babies. Breast fed babies are so often bottle fed for several weeks before weaning. So the mother needs to know how important it is for her to clean and sterilise bottles and teats and other feeding utensils until the baby is one year old. Even in this modern age one baby dies almost every day from gastroenteritis in the United Kingdom.

It used to be thought that boiling was the most effective method of sterilisation for bottles but it was discovered that 46 per cent of bottles treated this way were not sterile when removed for use. Boiling caused bottle and teat deterioration and increased the risk of scalds to mother and baby alike. Nor do mothers have the time to boil bottles before each feed.

The most effective method in use today for mothers is cold water sterilisation using a hypochlorite solution. The feeding utensils are totally immersed in the sol-

ution for a period of time and when needed for the feed are removed with *clean* hands, drained and used immediately. The hypochlorite solution can be obtained by diluting a concentrated liquid such as Milton; dissolving tablets such as Simpla or Babysafe or dissolving a sachet of Milton crystals. Tablets and prepacked crystals have the advantage that it is easier to obtain the correct concentration of the final solution provided the water is measured properly. Babysafe and Maws say that the bottles should be immersed for at least 30 minutes. Milton crystals need one and half hours and Milton liquid, two hours for complete sterilisation.

In practice, after feeds bottles and teats are replaced in the solution after careful cleaning and rinsing and left there until needed for the next feed. Milton recommends that all feeding implements are rinsed after use and the bottles cleaned with a detergent using a bottle brush and

rinsed in cold water. Milk deposits can be removed from teats by rubbing with salt followed by rinsing.

Hypochlorite solutions are effective for 24 hours. After that time a fresh solution must be made up.

Nappy care

A less pleasant but still very necessary task is the disinfection of soiled nappies. Ideally each nappy should be washed immediately after use—ideal but not practicable. Most mothers soak soiled nappies in a bucket of water until they are ready to wash them. A bucket of plain water in which soiled nappies have been soaked is virtually liquid sewage and a health hazard to the whole family with bacteria multiplying by the minute. The use of nappy liners which can be flushed away with the solid excreta lessens the problem slightly but a hypochlorite disinfectant such as Napisan should be added to the soaking water. Napisan is effective for 24 hours for up to eight nappies. As Napisan also contains a detergent, nappies that have been soaked in the solution need only be rinsed thoroughly and dried, though they can of course be put through a full washing programme.

The case for disposables

British mothers are among the most old-fashioned in Europe, says a recent report on nappy use. In Sweden almost 100 per cent of nappy changes are with disposables; in France 80 per cent; in Italy (with a similar economic climate to the UK) 65 per cent; but in Britain less than 10 per cent of mothers use disposables. We are conditioned to think that anything disposable must be more expensive without taking into account all the "extras" needed to wash terry towelling nappies. Both Robinsons of Chesterfield, manufacturers of Paddi Pads and Babettes, and Modo Consumer Products, manufacturers of Tufty Tails, have done a breakdown of comparative costs of using disposables and towelling nappies and their results are surprising. Neither survey takes into account the initial cost of the equipment, however.

Robinson's breakdown, which takes into account the difference in amount of



Continued on p534

BABYCARE

Disposables

Continued from p533

washing powder needed in soft and hard water areas and the cost of running a tumbler drier, shows a saving of £50 a year to the mother. But there is not only a saving in terms of money but also in terms of time. By using disposables a mother can save a fortnight a year—not only mothers of course, fathers too and older children who will probably be much less reluctant to change that nappy if it can be flushed or thrown away.

However what does "disposable" mean? All manufacturers say that if the plumbing system is antiquated or unreliable disposable nappies should be burned or wrapped in newspaper (or preferably in a sealed plastic bag) and put in the dustbin. Tufty Tails are recommended to be thrown away though they may be shredded and flushed away, as can Paddi Pads. Babettes and Kemval brand nappies should have the inner pad shredded and flushed separately from the outer cover. The outer cover of Snugglers should be thrown away, but the nappy itself may be disposed of in the toilet.

With all these facts at their fingertips pharmacists and their staff should be able to show new and prospective mothers the

Comparative costs of towelling and disposable nappies over two years

Towelling nappies (washed every other day):	£
4 dozen towelling nappies @ £9.00 doz.	36.00
2000 nappy liners @ 90p per 200	9.00
20 pairs plastic pants @ 40p per pair	8.00
122 pkts washing powder (E3 size) @ 45½p	55.51
6 drums nappy sterilising powder @ 85p	5.10
27 bottles fabric conditioner @ 33p	8.91
365 washes @ 7½p per machine load	27.37
	149.89

Tufty Tails disposable nappies (average selling price):	£
22 packs "Newborn" size @ 52p (from birth-two months)	11.14
72 packs "Baby" size @ 59p (from 2-10 months)	42.48
105 packs "Toddler" size @ 80p (from 10-24 months)	84.00
25 packs disposable plastic pants @ 56p	14.00
	151.62

Source of pricing (except detergent): current Mothercare catalogue

advantages of disposables. Possibly one of the best approaches is to point out the advantages of using disposables when away from home—on holidays, visits to friends and relatives, even a day's shopping. Robinson's have produced a free leaflet "Tinies on the move" which is available from them direct and will also be supplied through pre-natal clinics and health centres. Once a mother has seen for herself the advantages in using disposables in terms of convenience she will be only too pleased to be told how well

disposables compare in price with towelling nappies. Details of the potential saving as seen by Modo are given in the accompanying table.

But it should be borne in mind that nappies are often bought by the mothers and mothers-in-law of mothers-to-be—an they may prove to be strong opposition to the use of disposables. It will be easier to persuade a mother-to-be about disposables before those four dozen fluffy white nappies have found a place in her baby "trousseau".



Babies everywhere are crying out for...



Order now from Britain's biggest range of British made baby feeding and baby care necessities.

For price list and illustrated literature contact:-

William Freeman & Company Limited.Suba-Seal Works,
Staincross, Barnsley,
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Suba-Seal Cot Hot Water Bottles

Prescription specialities

HOLCOLIX syrup

Manufacturer William R. Warner & Co Ltd, Eastleigh, Hants.

Description Orange flavoured syrup containing in each 5 ml: paracetamol 150 mg, codeine 5 mg and phenylpropanolamine 12.5 mg.

indications Treatment of cough associated with symptoms of the common cold.

contraindications Not to be administered to persons whose sensitivity to small doses of sympathomimetic agents is manifested by sleeplessness, dizziness, light-headedness, weakness, tremors or cardiac rhythmias. Contraindicated in hyperthyroidism, hypertension, cardiac dysfunction, diabetes mellitus and liver disorders.

usage Adults: Two 5 ml spoonfuls four times daily. Children 6-12 years: One 5 ml spoonful four times daily; 2-5 years: 2.5 ml four times daily.

cautions Not to be administered during or two weeks after treatment with monoamine oxidase inhibitors. Not recommended during first trimester of pregnancy. Contains FD&C yellow No 5 which has been reported to cause allergic reactions.

notes In case of overdosage drowsiness, palpitations, weakness and incoordination may occur with delayed acute liver failure. Treatment is by gastric lavage. If within 10 hours of ingestion, methionine orally or thiamine intravenously may be used. Otherwise general supportive treatment.

spensing diluent Syrup BP.

Packs One litre and 100 ml (£4.20 and £4.43 trade).

Supply restrictions P1.

Issued October 11, 1977.

MERITAL 25 capsules

Nomifensine hydrogen maleate is a dopamine agonist.

Manufacturer Hoechst Pharmaceuticals Ltd, Salisbury Road, Hounslow, Middlesex.

Description Opaque orange capsules containing 25mg nomifensine hydrogen maleate.

indications Depressive illness including patients in whom anxiety is an accompanying feature. Suitable for patients who show signs and symptoms of retardation. May be used with a neuroleptic where depression is a component of schizophrenic illness.

usage Recommended initial dose is 25mg twice or three times a day increased to optimum dosage over 7 to 10 days. Majority of patients respond to 50 to 100mg daily. In elderly patients initial

dose should not exceed 25mg twice daily.

Precautions Should not be used in pregnancy unless necessary. Merital 25 may antagonise hypotensive effects of adrenergic blocking agents such as bethanidine, guanethidine and debrisoquine and patients taking these drugs may require adjustment of their dose. Merital 25 may also potentiate the therapeutic and adverse effects of levodopa and other dopamine agonists used in treatment of Parkinson's disease. To be used with caution in patients with ischaemic heart disease and in patients taking monoamine oxidase inhibitors.

Side effects Reported side effects include palpitations, nausea, headache, dryness of mouth and dizziness.

Storage In cool, dark place in original container.

Packs Blister strips of 10 capsules in boxes of 100 (£8.33 trade).

Supply restrictions Anticipated prescription only.

Issued October 11, 1977.

AMOXIL injection

Manufacturer Bencard, Great West Road, Brentford, Middlesex.

Description Vials containing amoxycillin 250mg, 500mg or 1g as amoxycillin sodium.

Indications Acute and chronic bronchitis; lobar and bronchopneumonia; urinary tract infections; gynaecological infections; septicaemia; typhoid and paratyphoid fever; osteomyelitis; bacterial endocarditis.

Dosage Adults, moderate infections: 500mg intramuscularly every eight hours (or more frequently if necessary); severe infections: 1g intravenously every six hours. Children, 50 to 100mg per kg body-weight daily in divided doses. In renal impairment excretion may be delayed. May be necessary to reduce dosage.

Packs 10 vials 250mg or 500mg (£3.42, £5.40 trade); 5 vials 1g (£5.40).

Supply restrictions P1 TSA.

Issued October 1977.

Shopfitting and equipment

Automatic lighting switch

A high power photoelectric switch (£14 ex VAT) is available from Photain Controls Ltd, Unit 18, Hangar 3, The Aerodrome, Ford, Arundel, West Sussex, and has been designed to monitor daylight conditions, switching artificial light on or off when appropriate. Up to 2,000 watts of incandescent lighting may be switched without need for an additional contactor, and the unit is contained in a waterproof housing suitable for outdoor mounting.

Anti-pilfer pads

Protectapads (£5.50 ex VAT), are pressure pads for optional use with loop alarm systems from Volumatic Ltd, Taurus House, Kingfield Road, Coventry CV6 5AS. Using Protectapads, loop alarms may be used in retailing applications where it is difficult to loop the coaxial cable of the standard loop alarm through items of merchandise.



Improved alarm reliability

The Multi-link control unit from Group 4 Total Security Ltd, Farncombe House, Broadway, Worcs, has been introduced with the specific objective of increasing alarm system reliability and employs silicon chip circuitry. Because up to 60 per cent of false alarm calls are estimated to involve failure to adhere to a predetermined exit pattern from premises after activating the alarm system, Multi-link gives in such circumstances, a localised warning.

Another cause of false alarms in conventional units has been electrical interference created, for example, by generator plant cutting in and out. Multi-link has a high degree of immunity to such interference, Group 4 claim.

Employment manual

Twinlock UK Ltd, 36 Croydon Road, Beckenham, Kent, have produced an employment system (£67 ex VAT) which sets out in a comprehensive manual employers' responsibilities and consequent action "in easy to understand terms". The manual provides guidance and specimen procedures on recruitment, interviewing, terms of employment, absence, redundancy, disciplinary and grievance procedures and company rules. The manual is contained in a portable lockable steel cabinet together with a range of employee files and record forms.

Woman buys 1,600 aspirins with no questions asked

A young woman was able to buy 1,600 aspirin tablets within half an hour, without question, between six pharmacies, according to a BBC television "Horizon" programme last week. The woman was an actress playing the role of a potential suicide and was repeating a 1965 survey reported in the *British Medical Journal*, where 200 aspirins were purchased in each of six pharmacies.

The programme—"A cry for help"—showed that, nationally, cases of self poisoning were rising by 10 per cent each year until in 1976 there were 110,000. A survey in Sheffield found that between 1955-75 there were 1,200 attempts at suicide by poisoning of which 35 per cent were by tranquillisers and sedatives and 70 per cent had visited a doctor within the previous month. Common drugs for suicide were Anadin, Valium, Mysoline, Mogadon, Stelazine, Largactil, DF118, Librium and aspirin. Non-prescription drugs were estimated to be the third main force in overdosage and it was said that aspirin overdosage might be reduced if the drug were foil-packed.

At Westminster Hospital, London, studies suggested that potential suicides fall into predictable groups, mostly single people who change address regularly, often coming from broken homes. The trigger was frequently a recently broken relationship. Compared with non suicidals, potential suicides were six times as likely to have had venereal disease, five times as likely to be drug users, and four times as likely to have had an illegitimate child or abortion. One in four repeated an overdosage. Comments from attempted suicides suggested that the drugs were easy to obtain from doctors especially by registering as a temporary patient.

'Loophole' in special addict forms

A Guildford coroner last week drew attention to difficulties in detecting forged prescriptions.

At the inquest on Jayne Harries, a 25-year-old heiress who died after obtaining diamorphine on a forged special addict's prescription, the coroner, Lt Col George McEwan, said that he was satisfied that everyone connected with the case acted in good faith. However he commented, "But looking at this form, the special prescription, it is perfectly clear that there is a glaring loophole. I will not say what it is but I cannot imagine why it

should be allowed to occur." He added, "it should be emphasised that all known drug addicts should be viewed with suspicion in whatever they are doing. There comes a time when their sole object in life is to obtain heroin."

Jayne Harries had stolen the special form from the drug addiction unit of St Giles Hospital, London, and had written out a prescription for diamorphine 2,520mg. She presented the form to a pharmacist in Cranleigh, Surrey, who had previously dispensed her own doctor's prescriptions. The pharmacist on duty, who had only seen the special forms once before, told *C&D* that it was a good forgery. He said that the quantity to be dispensed was written out in full, unusual in a forged prescription, but the figures were missing. He had not realised it was a forgery even after the police had taken it.

Neither the doctor from the addiction unit nor the coroner would comment on the "loophole" but it is understood that the Home Office is to be informed about the matter.

Birth defects link with hormones confirmed

An association between the use of hormonal pregnancy tests and the birth of malformed children was found by a survey conducted by the Department of Health and the Office of Population Censuses and Surveys.

The results, published in last week's *British Medical Journal*, confirmed the preliminary findings, published in 1975. However the authors say that although the results are consistent with a general teratogenic effect, they do not suggest any specific effect of these drugs. Nor was excess use of hormonal pregnancy tests by the case mothers great.

The *Sunday Times*, in an article by Oliver Gillie, says that these drugs are still on the market despite the warning issued last year in its own article. Other newspapers also took up the story. Schering Chemicals Ltd, manufacturers of

Primodos, told *C&D* that after the preliminary results had been published in 1975 they had sent letters advising against the use of Primodos for pregnancy termination and included this warning on the accompanying leaflet. The Committee on Safety of Medicines has also issued a warning, but the company did not know what else they could do. Primodos was still on the market, they said, because it was one of most effective treatments for secondary amenorrhoea. Before using it for this purpose, however, doctors should exclude any possibility of pregnancy.

The survey also showed an association between the use of barbiturates and malformations, but as the barbiturates were mainly given for the treatment of epilepsy the effect of the disease could not be separated from the effect of the drugs. There was no evidence that any other drug studied was a teratogen. But further studies are to be undertaken with increased numbers so that small risks may be detected and newly marketed or rarely used drugs may be monitored for teratogenic effects.

Unichem's new Swansea branch improves service

Unichem's new Swansea branch, located at the Fforestfach Industrial Estate, is now fully operational, following the recent move from the Meadow Street premises. Mr Peter Donovan, branch manager, said that the acquisition of the new premises will mean an extension and improvement in the services that Unichem offers to pharmacists in South Wales. "We operated from Meadow Street under considerable difficulty," he said, "as the rapid growth in business in the last twelve months placed a heavy strain on the available facilities."

The new single-storey building incorporates offices, computer operations room and a warehouse. It provides a total area of 34,000 sq ft, and was completed about four years ago. In line with the other eleven branches, Swansea is linked by a special line to the computer at the Morden headquarters, over 200 miles away. The Swansea computer operations room houses nine visual display units—part of the company's national WOLF (Warehouse-on-line-facilities) system—which provides customers with an instant check on the availability of any of the 25,000 lines carried by the branch.

There are over 70 staff at the Swansea branch, which has a delivery fleet of 14 vehicles (picture below).



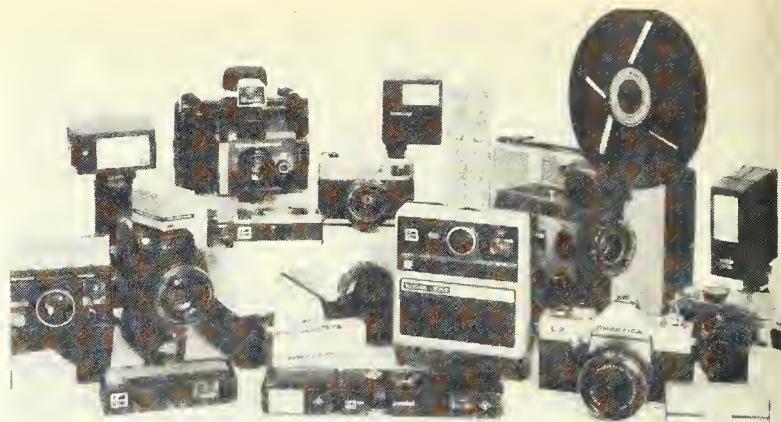


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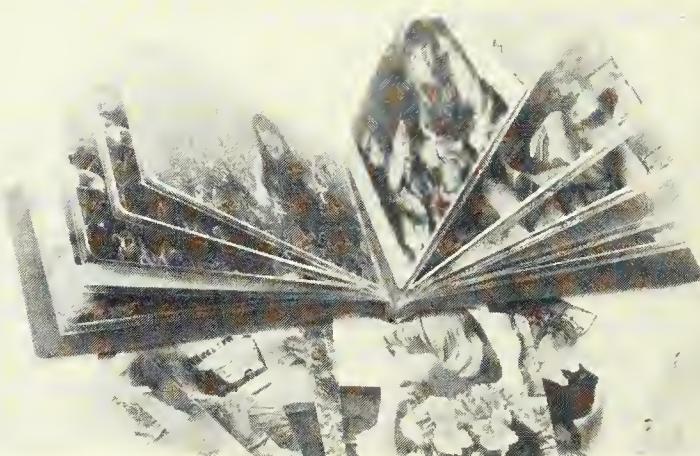
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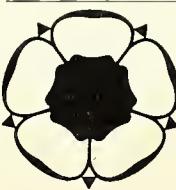
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Letters

PC conference well chaired . . .

Miss Storer and myself would like to place on record our admiration for the way in which Mr Bob Worby handled a very difficult conference. We would further comment the PSNC for the manner in which they dismantled the resolutions put before them and reassembled them in a manageable form in which they could be discussed by conference.

One cannot hope to satisfy all of the representatives all of the time, but between Mr Worby and his committee I am sure they satisfied the majority. There is nothing perfect in this world. We give them nine out of ten.

Jim Anderson

North Tyneside LPC
Newcastle-upon-Tyne

. . . or not?

Attended the conference of Local Pharmaceutical Committee representatives and was horrified at the attitude displayed in the chair. For many years I have been a supporter of Bob Worby in what I took to be his efforts to benefit our profession, and although we have had our differences, there has never been doubt on my part that basically his aim was right. As a result of Sunday's debacle I am now quite frankly uncertain whether or not we are being led by a representative of the ISS. I am quite certain that as a result of the decisions taken in the first session, Conference (1) accepted the logic of its previous decision (in 1976), conceding differential on-cost as being more equitable, and (2) was almost unanimously opposed to the derisory and divisive offer made by Mr Ennals.

I am extremely concerned at the reports reaching me after I left the conference hall that chairman Mr Worby regarded the offer as accepted, except for a little adjustment. I would be grateful for the chance of your columns to express to Essex contractors my regret at having to withdraw from the meeting, but in my view the source of obstruction was the chairman who used an agenda known only to himself and the platform party.

Miall E. James

Canvey Island, Essex

'Ponstar' capsules

Read (last week, p465) of a pharmacist applying Ponderax capsules in error instead of a script calling for "Ponstar." A capsule designed to make the patient sick seems a useful innovation, and I

thought to order some. Unfortunately they are not listed in your excellent Price List, and I do not know the pack size, price or manufacturer. No doubt this is an error of omission, and will be rectified in future editions of the list.

Yours tongue-in-cheek,

H. J. Silver

E. Gould & Son
67 Moorgate, London

PS It is difficult to avoid spelling errors and typing mistakes—I have had to do this letter three times!

Pharmacy books wanted

During this year's Commonwealth Pharmaceutical Conference I had occasion to meet Miss Hilary Burt, who is working for the British Council in Nepal. She is teaching pharmacy practice but there is a complete lack of suitable textbooks.

She would be grateful for any old copies of the BNF, BP, BPC and Martindale, etc., which fellow pharmacists can spare. If they are sent to me at the address below I will arrange for delivery to Nepal.

Christopher Nicholson

Wooburn Green Pharmacy
Wooburn Green, Bucks

Unrest in pharmacy

I have just dispensed a prescription for 200 "Cyclospasmol" 400mg tablets. Since I have had to obtain stock since September 1, I will be under-paid £2.50 on this one item. So far this month I am losing £19 on "Sectral" and "Cyclospasmol" because the pricing bureaux will not pay the new prices until October prescriptions are priced. No wonder there is unrest in pharmacy!

B. K. Curzon

Horwich, Bolton

Clothier report 'leak'

Your readers may be interested in the following letter which I have submitted to the editor of *Pulse* on behalf of the medical representatives on the Clothier Committee:

"You published an article on the recommendations which you thought might be included in the final report of the National Committee on Dispensing in Rural Areas under the headline 'Pharmacists are winning on rural dispensing'.

I do not wish to comment on the content of that article but on behalf of the medical representatives on the National Committee I wish to register the strongest objection to the principle of publishing a speculative article on the recommendations which might be included in a final report whilst a committee is still sitting. This may be an accepted practice in some national publications attempting to boost their circulation, but it has no place in a journal purporting to serve the medical profession and is particularly mischievous with your headline.

May I be allowed to draw your readers' attention to the purpose of the National Committee which is to reconcile the dif-

ferring views of the medical and pharmaceutical professions on the subject of dispensing in rural areas. The aim is to find a solution which will secure sensible arrangements for the supply of medicines on prescription in rural areas and should avoid sudden changes (with consequent effects on the income of existing doctors and existing pharmacists) in the arrangements on which patients at present rely. Our objective is to reach an agreed solution with our pharmaceutical colleagues, a task which is only made the more difficult by your reference to 'winners' and 'losers'.

The final report, which should be ready in December, will be referred to Local Medical Committees with adequate time for discussion and comment before the rural practices subcommittee recommends to the General Medical Services Committee what action should be taken on the report".

Dr Michael A. Wilson

Chairman, rural practice subcommittee
General Medical Services Committee

NFSE calls for relief for small businesses

The National Federation of Self Employed is seeking urgent talks with Mr Harold Lever, the Cabinet Member appointed to look into the problems faced by small businesses. Tax concessions and an easing of punitive trade union inspired legislation will be high on the Federation's list of priorities.

Mr Tony Armstrong, NFSE's national spokesman, said "Unemployment is the burning issue of the day and we believe that small businesses are the only ones that can solve the problem. As big business becomes more efficient and automated it employs less, whereas, given incentives, the self employed and small businessman could slash the unemployment figures by two thirds."

The federation is to ask Mr Lever to look again at the Employment Protection Act, Redundancy Payments Act, Employers Liability Act, Trade Union and Labour Relations Act. The Federation is also urging the Liberals to exert pressure through the Lib-Lab pact to get trade union inspired legislation off the statute book.

British labour statistics

The seventh of the series of year books setting out British labour statistics compiled by the Department of Employment has been published (HMSO, £20). It relates to 1975. Subjects covered include wage rates, hours of work, retail prices, employment, unemployment, vacancies, family expenditure, membership of trade unions, industrial disputes, industrial accidents, employers' total labour costs, costs per unit of output and output per person employed. Regional analyses of many items are also included. Where appropriate, comparative figures covering ten years are included.

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Pharmaceutical Society of Northern Ireland Council

Pilot scheme to improve information on medicines

A pilot scheme to evaluate methods of preparing and distributing information on prescribed medicines to patients may be initiated in Northern Ireland. At last month's meeting, the Pharmaceutical Society of Northern Ireland Council debated a Medicines Commission recommendation that more open discussions should take place aimed at improving present arrangements.

The Commission envisaged that initial discussions should include categories of medicines to be covered and methods of disseminating the information. The pilot scheme might also provide estimates of costs and benefits. If the need for action was accepted a meeting of representative bodies was proposed, and Council has been asked by the Department of Health if it wished to participate. The secretary, Mr W. Gorman, is to reply that Council was anxious to be involved.

Proposed fee increases

The Department of Health is proposing to increase the premises registration and retention fee for 1978 to £13.50 and the restoration (or penalty) fee to £11.50. Council agreed the proposed increase was a modest one.

The treasurer, Mr McIlhagger, presenting the annual report said when the retention fee had been increased to £20 it was hoped the financial deficit would have been removed. That had not been achieved although the excess of income over expenditure was almost £1,200. Items of a non-recurring nature had amounted to almost £2,000. Travelling expenses had greatly increased and were being reviewed by the Finance Committee which was also to consider increasing the retention fee.

Replying to Council's request for a reduction in the annual fee paid by the Society to the International Pharmaceutical Federation, the Federation drew attention to the decision confirmed by the Warsaw Assembly that no reduction in fees could be granted. Mr McIlhagger said, with the pound's falling value and the 10 per cent increase each year in fees, membership cost the Society about £1,000. He was anxious the Society should be represented at international level but doubted if it could afford the expense. The method of calculating the fee mitigated against smaller countries. The matter was referred to the Finance Committee.

A call to revoke legislation requiring

the use of child-resistant containers until a suitable container was available, came from Mr T. O'Rourke. The proposal was adopted by Council and is to be conveyed to the Department of Health.

A letter from the Department said there was considerable public resistance to the use of such containers but several manufacturers were considering producing leaflets explaining how the containers should be opened. The letter suggested that the Society might raise specific points in the future with the manufacturers. Mr Kerr said that if poor eyesight was one of the reasons for reluctance to use containers he doubted that leaflets would be a complete answer.

Called out at night

Mr O'Rourke said the Department, the Pharmaceutical Society of Great Britain and the Northern Ireland Society agreed the public found difficulty in using the present types of containers. A statutory obligation had been imposed on pharmacists to dispense certain products in child resistant containers without any information on their suitability being available. He admitted it was difficult to understand why so many patients found difficulty in removing the caps but even so a pharmacist was concerned about that. He knew one pharmacist who had been called out at 10 pm by an irate patient who could not gain access to her sleeping tablets. He therefore proposed that, in the public interest, the legislation be revoked.

Presenting the Education Committee report, Mrs O'Rourke said the committee recommended that a further 17 graduates be registered as students bringing the total to 26 for the present year. It also recommended that three lectures be held on November 22 and 29 and December 6 and 7 given by general medical practitioners as a continuation of the series given last year.

Mr R. O'Hare applied for renewal of the C. W. Young scholarship for a further year. The application had been supported by Professor D'Arcy who wrote that Mr O'Hare was making good progress and hoped to submit his thesis before the end of the year. Mr McIlhagger reminded Council that at the last meeting the increase in the scholarship had been discussed but postponed until the audit accounts became available. The interest on the fund's investments continued to rise and for the year ended July 31 was £888. It was agreed to increase the scholarship to £750.

Helping doctors to write better prescriptions

Many pharmacists complain about doctors' prescribing but how many have taken steps to try to improve it? One who—and who would encourage others to do the same—is Mr Andrew Medcalfe of Lancaster, well known both locally for his local Pharmaceutical Committee work and nationally as a member of the National Pharmaceutical Association Executive and the Pharmaceutical Services Negotiating Committee.

Mr Medcalfe had his first opportunity in this area when he was invited to talk on pharmacy in a course organised for medical receptionists and medical secretaries. This lecture has now become an annual event and has not only extended to a second centre but involves another pharmacist, Mrs Jean Rothwell.

Then last year a local GP, Dr J. C. Franklin, who is particularly keen on medical education, asked Mr Medcalfe to speak on "Effective prescribing" as part of a day release course for trainees in general practice, organised in Lancaster but covering much of the North-west. These trainees are required to undertake a year's work in general practice before taking over a practice of their own and the Lancaster course, covering 12 weeks, deals only with clinical practice, but also the IS structure, the GP in industry, marketing guidance, drug interactions, etc. This year the course has been repeated in Lancaster and extended to Bolton.

Some truths told

More recently Mr Medcalfe has been invited to address a residential weekend course attended by nearly eighty general practitioners from many parts of the country dealing with the matter of "Sensible prescribing in general practice." He was asked to speak on "The dispensing pharmacist's point of view." He told C&D: "I think it is most important that pharmacists should take every possible opportunity to talk to doctors—indeed at the end of the one talk I received the nearest thing I'll ever get to a standing ovation, even though I told them many home truths regarding their prescribing habits." All these talks have generated many questions from both the trainee doctors and their senior colleagues and Mr Medcalfe has noticed "a lot of pencils taking notes". He believes that pharmacists should take steps to find out if similar courses are being organised in their own localities so that they may offer their services. Already he knows of several phar-

macists who have become similarly active in lecturing to doctors and offers others the benefit of his own experience—even to the extent of visiting an area to assist in preparation of the first lecture. He is very pleased to have been in the inception of the idea (with Lancashire taking the lead again!). A tape-recording was made of his first lecture for the benefit of the Royal College of General Practitioners.

Mr Medcalfe is no newcomer to talking to doctors and their staff about prescribing. He has always encouraged local GPs to bring their problems to him (there is a surgery next door to the pharmacy). He says: "It is good that doctors should learn to come to the pharmacist. If you make them welcome and provide answers—and they do not expect immediate answers, you can telephone them back—they will continue to ask for advice". The advice sought often ranges to what drugs might be prescribed, especially when others have been tried unsuccessfully. "We used to be the physician's cook; now perhaps we are the physician's information department."

Doctors' receptionists are brought into the pharmacy regularly for a talk in the belief that they too should look upon the pharmacy as a source of information.

Lecture topics

In his lectures, the subject matter of which is constantly being reviewed, Mr Medcalfe first draws attention to the fact that the pharmacist's "open shop" enhances his value to the public in that he may be consulted for long periods of the day. This, he suggests to the doctors, may lead to an earlier medical consultation and diagnosis than might have occurred were the patient always forced to make an appointment with the doctor's surgery. But Mr Medcalfe stresses that whilst pharmacists may not always be of help to the doctor in diagnosis—on many occasions they can assist in deciding on the form of treatment. As he says: "We do have the advantage of observing the methods of a reasonably broad spectrum of doctors, and the younger pharmacists have a wide knowledge of modern drugs that they are pleased to put at the GP's disposal".

However, the main issue between doctors and pharmacists is the prescription, which is always giving rise to new problems. Surveys made on the inadequacies of hospital out-patient prescriptions reveal failings classified as: total quantity not stated or obvious, imprecise definition

of product, inaccuracy in strength, pack size or drug incompatibility, and ambiguous directions for use.

For general practice prescriptions, Mr Medcalfe reports that quantity, lack of strength, wrong strength, wrong formula, wrong descriptions, wrong directions and missing essential details are the major problems, but that the errors are less frequent than are apparent with hospital prescriptions (in his locality at least). Some of Mr Medcalfe's subject headings and comments made are as follows:-

Total quantity: Often omitted, following hospital prescribing practice involving length of treatment. Mr Medcalfe fears that form FP10's new box for the number of days' treatment may produce more problems of this type. He cites ridiculous quantities from his own experience, such as 100 ml of pig. podophyllum. Unusual items should be prescribed in original pack quantities to avoid broken bulk waste and the GP should realise that the smallest quantity is all that the pharmacist may give when none is specified (again examples, such as 25g of lint when 500g would have been more appropriate). The Drug Tariff must be consulted when ordering appliances and it must be remembered that not all hospital appliance items are in the Tariff.

Definition of product: Whether tablets and capsules or even suppositories—the pharmacist is so often accused of giving the patient the wrong medicine when these details are omitted. The prescription is often brought in by a messenger who can rarely answer the question and, Mr Medcalfe adds, "Have you ever tried to phone your own surgery at nine to ten am?"

Directions: Abbreviations "n" and "m" are so similar they create the worst problem, and the type of preparation (such as a sleeping tablet) does not give the apparent clue if the patient turns out to be a night worker. For "n", "m" or "mdu", block capitals should be used—if the abbreviation is used at all. Exceptionally large doses should be initialled.

Hospital formularies: Many hospital preparations are unofficial and known only in their own locality; if it is not possible to write the prescription in full at least state that it is to a particular hospital formulary—especially if the patient is going on holiday and may take his prescription with him.

Correct patient: Should be simple, but cases are observed of patients having

Continued on p542

Better scripts

Continued from p541

other people's prescriptions. They rarely read their prescription, presuming they have been given the correct one (receptionists may often be at fault for not checking addresses for example). Prescribing for two members of a family on the same form can cause difficulties.

Multiple prescribing: When the quantity of medicine is prescribed for several members of the family, patients rarely remember verbal directions for different dosages—and the pharmacist loses dispensing fees.

Controlled Drugs: It is an offence to write an incomplete prescription and the pharmacist has no choice but to return it to the doctor.

Overprescribing: Fourteen tons of unused medicines may be returned in a year's drug collection schemes. Doctors should ask themselves whether their goal is speed or the easy life—getting the patient out of their hair for the next six months. Examples from personal experiences are quoted.

Drug defaulting: A question of doctor-patient communication—the doctor does not bother to write dosage and often a patient told verbally "doesn't hear". Some estimates put defaulting at between 50 and 78 per cent and even higher percentages have been recorded, some patients not knowing how to take the medicine minutes after leaving the consulting room when they had just been given verbal instructions by the GP.

Rota duties: Prescriptions written on Sundays or public holidays can usefully be marked "or nearest equivalent" to ensure an immediate supply (this also applies to emergency medical services duty).

Colostomy appliances, insulins: The patient should be asked to take a sample or carton label to the chemist and warned that they may have to give the pharmacist time to obtain certain items.

Prescription writing by receptionists: The Office of Health Economics has reported that some 65 per cent of doctors never see (or at least, never read) repeat prescriptions. Examples of the errors that can result are given; including Lentizol and amitriptyline on the same form as published recently in *Chemist & Druggist*. Duplication has also occurred with doctor and receptionist writing prescriptions for the same patient for the same item within a few days of each other, the error only coming to light if both scripts are taken to the same chemist. The doctors are warned to check carefully before signing pre-

scriptions and reminded "the ultimate responsibility must always be yours".

Metrication: Quantities in apothecary system still on some record cards.

Handwriting: Prescriptions must at least be legible since today's drugs are potent for confusion between similar names not to be hazardous.

Patients' names and addresses: Should be written clearly, the sex indicated and age of young children specified.

Forgeries: Patients sometimes alter figures such as 30 to 80. If the doctor alters figure it should be crossed out, re-written and initialled and in the case of certain items (such as Mogadon, Tenuate) as well as figures should be used. If prescription forms are lost, inform the P.I. immediately.

Worth the effort

The above notes merely give some pointers to the scope of the lecture on prescribing by Mr Medcalfe. It is hard work preparing the notes and they are never complete—for example, he learned from one member of his audience that it is not always realised that the pharmacist dilutes preparations with less than 5 ml dosage—and that point had to go into the lecture for the future. "But," says Mr Medcalfe, "it is well worth the effort put into it." And he finds that when things are being discussed face to face, doctors are very willing to take criticism!

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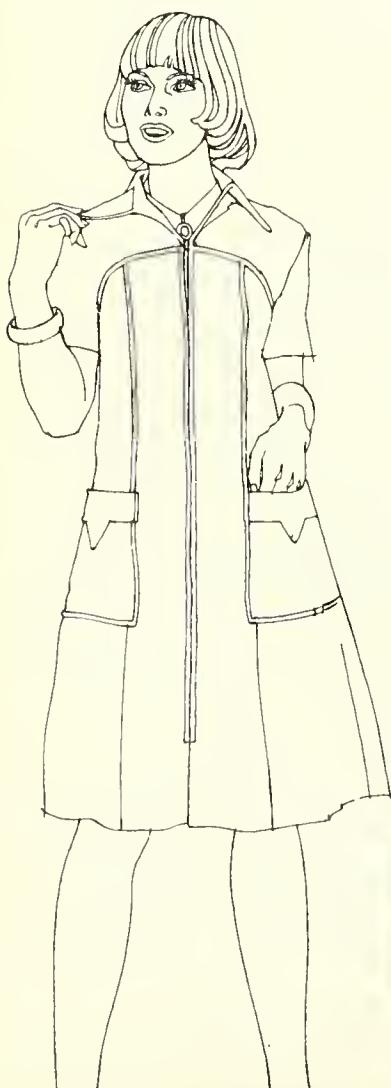
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Company News

Macarthys optimistic for future prospects

Speaking at the annual meeting of Macarthys Pharmaceuticals Ltd, the chairman, Sir Hugh Linstead, said the progressive closure of small pharmacies under pressure of falling consumer spending, increased need for investment in stock and increasingly inadequate remuneration for NHS dispensing was of particular concern to the wholesale division. This trend reduced the number of potential customers, but had a wider significance for the community as a whole in that the pharmacies concerned often served small and somewhat isolated communities where an alternative service was hard to come by.

The DHSS operated an "essential small pharmacy" scheme but, said Sir Hugh, "the continuing development of health centres and the refusal of the Minister to provide money to recompense for the fall in the gross margin on NHS dispensing must result in the closure of more small pharmacies. The Minister should not confine his thinking to the Health Service alone. He has an overall responsibility for all the health needs of the whole population and the small pharmacy is an essential element in meeting those needs. He must keep it alive."

Turning to the future, the chairman said that costs would continue to rise and in the pharmaceutical field prices seemed again to be on the move generally. "Wages must increase but our experience in recent years suggests that we shall be able to contain wage rises within overall profitability. As a measure of our confidence in the future the board had in hand a number of developments requiring substantial investment. Thus Savory & Moore is following a policy of careful acquisition of selected pharmacies." A major investment was also being undertaken on behalf of the wholesale companies by providing a computer installation to improve the quality of the service and lead to better stock control.

Hanimex profit rises 74 pc

Pre-tax profit of Hanimex Corporation increased 73.5 per cent to \$A6.2m on sales 56.1 per cent up at \$A110.3m during the year to June 30. Earnings per share were nearly doubled at 27.6 cents.

Commenting in Sydney the directors said that international operations were a major factor in achieving the substantially improved results. The UK and US interests had both turned in strong performances. The manufacturing plant in

Cork, opened a year ago, had contributed \$A75,000 to group profit and was operating "satisfactorily". Plans are in hand to extend capacity and to meet anticipated increased demand in 1978.

Australian activities had also moved ahead, though at a slower rate due to increased costs and strong competition. The group's photofinishing operation had been particularly successful, producing a much higher market share in both Australia and New Zealand.

The directors say that the increased sales and profit figures of the past few years are the result of earlier work and expenditure on product development, overseas operations and manufacturing facilities plus heavy capital outlay on photofinishing. Although the rate of increase may well revert to a more normal pattern they believe there are significant opportunities for continued growth in all these areas.

Beatson, Clark profit 73 pc up in first half

Sales of Beatson, Clark & Co Ltd in the first half of the year amounted to £8.6m (£6.9m in the same period last year), of which £2m (£1.8m) was overseas. The pre-tax profit was £1.06m (£614,000). The profit in the second half of the year is expected to at least equal that for the second half of 1976 (£1.16m).

Heavy demand for the company's products has continued throughout the year and the chairman, Dr A. W. Clark, reports that it has been necessary to import a limited quantity of glass containers to maintain service to customers. A new glass melting furnace at Rotherham is expected to be in production in October 1978 and will increase output by about 15 per cent.

Photopia taken over

Photopia International Ltd are to be taken over by Central and Sheerwood Ltd, a group with interests in engineering, financial services, printing and publishing. An agreed bid of £2.54m has been accepted by the directors of Photopia in respect of their share holdings, amounting to 52.75 per cent of the equity.

The existing management of Photopia is to continue under the agreement between the two companies. In the twelve months to April 30, Photopia achieved a record pre-tax profit of £778,000, an increase of 24 per cent over the previous year. Sir Neil Shields, a director of Central and Sheerwood, said the acquisition of Photopia would be a "useful diversification" into the leisure industry.

Fisons prices questioned

The Price Commission intends to investigate certain price increases of Fisons Ltd. The agrochemical division had told the Commission that they intended to

increase prices of their agricultural and horticultural products. The Commission considered the proposed increases and decided that they should be the subject of an investigation under Section 4 of the Price Commission Act 1977. This is the fifth investigation to be launched by the Price Commission since the Price Commission Act 1977 came into force on August 1.

□ The Price Commission has granted an interim price increase to Metal Box Ltd (last week, p466). The company, which proposed an increase of 10.5 per cent, can put up its charges by an average of 9.81 per cent.

Federated Chemical sales rise but profit falls

Turnover of Federated Chemical Holdings Ltd in the six months to June 30 was £27.1m (20.1m in the first half of 1976 and £25.7m in the second half). Pre-tax profit was £1.3m (£1.7m, £1.3m). The directors report that improved results in the UK have been offset by the expected poor performance in north America, but they are confident that the situation will improve in the future.

Negotiations are proceeding for the introduction of a partner in Clonmel Chemicals to acquire 60 per cent of the share capital and introduce additional turnover which should put Clonmel on to a profitable basis.

Instant movie system goes on sale in US

Polaroid Corporation plan to introduce the Polavision instant movie system in California next month.

The system includes phototape cassettes, a light, hand-held camera, and a compact table-top player. Phototape cassettes record moving images in colour that can be seen instantly on the Polavision player. The phototape cassette will have a suggested list price of \$9.95, with the camera and player together \$699.

Polaroid plans to expand distribution in 1978, a company spokesman said. The system was demonstrated for the first time at the annual meeting in Massachusetts (C&D, April 30, p616).

M&B Aromatics to join forces with Lautier

Agreement has been reached to amalgamate the aromatics interest of May & Baker Ltd with Lautier Fils Ltd. Both companies are UK subsidiaries of the Rhone-Poulenc group and both have broadly similar yet complementary businesses.

Rationalisation and consolidation at Chiswick of group aromatics interests will provide a stronger base for future

Continued on p544

Company News

Continued from p543

development in the UK. M&B Aromatics staff have either been offered a move and have accepted transfers to Lautier at Chiswick, thereby ensuring continuity of service to customers, or will be absorbed into other M&B units. The move is planned to be complete by January 1.

Nicholas continue recovery

Sales of Nicholas International in the year to June 30 rose 25 per cent to \$A126m, and the pre-tax profit increased 13 per cent to \$A4.3m. This improvement continues the recovery from the slump two years ago, but the results were not as good as anticipated by the directors due to continued losses in France and Italy and by operations in the confectionery field in Australia. However, there is now a steady recovery in France.

Briefly

Laporte Industries (Holdings) Ltd report sales of £74.9m in the 26 weeks to July 3 (£60.2m in the first half of 1976). Pre-tax profit was £7m (£5.3m).

Rentokil Group Ltd celebrated their golden jubilee on October 1. The company, which now has a £50m turnover from operations in 50 countries, began with the discovery by George Neumann of a bacterium that killed rats and mice.

The bid by **Bayer AG** for **Miles Laboratories (C&D)**, October 1, p500) is to be the subject of an anti-trust investigation in the USA, according to newspaper reports. It is also reported that other companies, including Hoffmann La Roche and H. J. Heinz, are interested in Miles.

Appointments

Sterling Organics: Mr James T. Rees, BPharm, MPS, has been appointed

chairman and managing director. Mr Rees was chief executive of the Winthrop Laboratories production division from 1968 to 1976 when he was appointed managing director of Sterling Organics and elected to the board of the Sterling-Winthrop Group (see portrait, col 1).

Wellcome Foundation Ltd: Miss Hilde Barber, BPharm, MPS, has been appointed an advisory pharmacist to the clinical department of the UK and Ireland region of the Wellcome Foundation Ltd. After qualifying at Nottingham University, she completed her pre-registration period at Westminster Hospital, and prior to joining Wellcome was a pharmacist at the Royal Free Hospital, Hampstead.

Small rise in industrial investment forecast

A survey by the Department of Industry indicates that investment by the distributive and service industries (excluding shipping) this year will be about 5 per cent above the 1976 figure and will be followed by a similar, possibly slightly greater increase in 1978.

In comparison, investment by manufacturing industry this year is expected to be 7 per cent greater than in 1976, with the second half of 1977 about 9 per cent higher than the first half. Indications are that investment in 1978 will be between 12 and 17 per cent greater than this year.

Coming events

Monday, October 10

Barnet Branch, Pharmaceutical Society, Barnet post-graduate medical centre, at 7.15 pm. Dr H. C. Masheter on "Obesity". Sponsored by Merrell division, Richardson Merrell **Enfield Pharmacists' Association**, Postgraduate medical centre, Chase Farm hospital, Enfield, at 7.45 pm. Joint meeting with North London Branch, National Pharmaceutical Association. Speaker, Mr R. Worby.

Brighton Branch, Pharmaceutical Society, Main hall, Brighton Polytechnic, at 7.30 pm. Meeting and films to welcome new students at the school of pharmacy.

Nottingham Branch, Pharmaceutical Society, Post-graduate medical centre, Nottingham, at 8 pm. "Coronary care in Nottingham," by Dr J. R. Hampton, Consultant physician, Nottingham General Hospital.

Tuesday, October 11

Galen Group, Croydon, Friends' Meeting House, Park Lane, Croydon, at 8 pm. Demonstration of economical cooking by Mrs V. Butler.

Lanarkshire Branch, Pharmaceutical Society, Nurses' recreation hall, Strathclyde Hospital, Motherwell, at 7.30 pm. Chairman's reception—cheese and wine evening with travel films.

South-west Metropolitan Branch, Pharmaceutical Society, Lecture theatre A, St George's Hospital medical school, Cranmer Terrace, Tooting, London SW17, at 7.30 pm. Talk on "Flavours and perfumes" by Mr J. Edwards (essential oil chemist, Bush Boake Allen Ltd).

Thursday, October 13

Harrogate Branch, Pharmaceutical Society, Smiths Arms, Beckwithshaw, at 7.30 pm. Informal dinner (tickets £2.15) followed by "Canadian holiday—across the Rockies".

Macclesfield Branch, Pharmaceutical Society, Postgraduate medical centre, West Park hospital, at 8 pm. Talk on "Hormone replacement therapy" by Dr J. Cope.

Plymouth Branch, Pharmaceutical Society, Medical Centre, Greenbank, at 8.30 pm. Joint British Medical Association meeting. Speaker, Dr G. Margetts (chief, research and development, Winthrop Laboratories).

Friday, October 14

Pharmaceutical Marketing Club, Inaugural meeting of veterinary section, New London centre, Parker Street, Drury Lane, London WC2 at 12 noon. Lunch (tickets £6) followed by talk on "Agricultural research and animal health" by Sir William Henderson. Details from Ms Jean Hicks, Henderson Group One, 1 Roberts Mews, Lowndes Place, London SW1.

South Cheshire Branch, Pharmaceutical Society, ICI pharmaceuticals division, Tenant's Hall conference centre, Alderley Park, Macclesfield, at 6.30 pm. Talk on "Analytical problems in drug toxicology" by Dr B. Scales (head of pharmaceuticals section, safety of medicines department, ICI).

Advance information

Glasgow Pharmacy Club, Albany suite, Bellahouston Hotel, Paisley Road West, October 25, at 7.30 pm. Annual dinner and dance (tickets £6.50). Guest, Mrs B. C. Montgomery. Table reservations from Mr J. Gibson, 39 Strathmore Avenue, Ralston, Paisley, PA1 3EE, by October 18.

South-eastern Federation of Pharmacists. Dinner, Lansdowne Hotel, Eastbourne, October 26, at 8 pm. Guest of honour, Mr G. Rillie (chairman, NPA). Numbers limited to 40.

Institute of Purchasing and Supply, specialist section conference, Sudbury House, Newgate Street, London EC1, October 26. Details from assistant secretary, conferences and specialist sections, Institute of Purchasing and Supply, York House, Westminster Bridge Road, London SE1.

Yorkshire conference on preregistration training

The Yorkshire Regional Conference on "Preregistration training" is to be held at Bradford University on November 20 a 10 am.

Speakers will be: "Current society policy on preregistration training"—Maxwell Gordon; "Provision of preregistration training"—Dr J. E. Adderson, Bradford University, on "Academic and sandwich courses"; Reckitt & Colman speaker on "Industry"; I. Marshall, area pharmacist, St James' Hospital, Leeds, on "Hospital pharmacy"; a representative of Boots Co Ltd and R. J. S. Hazlehurst on "General practice"; "The student viewpoint"—S. Benrimoj; "The changing role of the pharmacist and the future needs for preregistration training"—J. P. Kerr, member of Council, and T. D. Clarke, regional pharmaceutical officer, Yorkshire Regional Health Authority.

Application forms (fee £2.50; £0.50 excluding lunch) from M. Wilson, 138 Deyne Road, Netherton, Huddersfield HD4 7EP.

Refresher course for 10-year pharmacists

A course of 13 evening lectures on "Drug administration and dosage regimens" for pharmacists who have qualified for 10 or more years has been organised by the North Western Regional Health Authority in association with the department of pharmacy, Manchester University. The course is limited to 50 students and preference will be given to pharmacists providing pharmaceutical services under Part IV of the National Health Service.

This is the basic introductory course of a series to be held annually to bring the knowledge of pharmacists up to current degree standard. The lectures are to be held at the department of pharmacy, Manchester University and begin on October 17 at 8 pm. Details from the course organiser Dr G. G. Benson, department of pharmacy, University of Manchester M13 9PL.



Market News

iate prices disparity

London, October 5: A leading manufacturer has raised the prices of its opiates and associated narcotics and since it is the first alleviation for almost eleven months the size of the movements is considerable. Codeine phosphate, for instance, moves up from £420 to £499 kg and morphine sulphate from £496 to £59. However another manufacturer's prices are unchanged, so far, with the result that there is a disparity of £86 kg in the first sample given above and of £103 kg in the second between the two makers. Obviously the present gap will not remain long the anomaly no doubt being brought about by the need to get approvals from the Price Commission before being implemented.

Among the crude drugs which were worked up during the week were Canasla and copaiba balsams, belladonna leaf, buchu, cherry bark, cascara, dandelion root, henbane, hydrastis, senega, styrax and cumin seed.

Essential oil trading was again quiet. Calyptus was firmer.

armaceutical chemicals

Sodium acetate: BPC 1949 crystals £0.7009 kg 50-kg lots; strong solution BP 1953 £0.243 kg 50-kg lots.

Sodium bicarbonate: BPC £160.70 metric ton, works. in 50-kg bags.

Sodium chloride: Pure in 50-kg lots £0.2344 or powder.

Sobarbitone: Less than 100-kg lots £10.27 kg; sum £1.44.

Barbital: Acid and sodium £16 kg for 50-kg lots.

Sobarbitone: Less than 100 kg £13.08 per kg. Fine: Anhydrous £4.56 kg in 100-kg lots.

Urine: BP £618 per 1,000 kg.

Sodium carbonate: BP light £135 metric ton.

Sodium gluconate: £1.420 per metric ton.

Sodium lactate: 100-kg lots £1.35 kg.

Sodium pantothenate: £7.29 in 25-kg lots.

Sodium hydrate: 50-kg lots £1.43 kg.

Uroform: BP £423 to £445 per metric ton according to drum size. In 2-litre bottle £2.48 h; 500-ml bottle £1.00 each.

Chocaine: Base (5-kg lots) £73.18 kg; hydrochloride £69.89.

Sobarbitone: Calcium £14.65 kg in 25-kg lots.

Dihydrocodeine bitartrate: £535 kg in 20-kg lots. Subject to Misuse of Drugs Regulations.

Glucose: (Per metric ton in 10-ton lots)—monohydrate £195; anhydrous £445; liquid 43° Baumé £200 (5-drum lots); naked 14-ton £160 ton.

Lignocaine: (25-kg) base £10.25 kg; hydrochloride £10.29.

Lobeline: Hydrochloride BPC and Sulphate £1.30 per g for 100-g lots.

Magnesium carbonate: BP per metric ton—heavy £590; light £410.

Magnesium dihydrogen phosphate: Pure £1.7989 kg in 50 kg lots.

Magnesium hydroxide: (metric ton) BPC light £1,140; 28 per cent paste £410.

Magnesium oxide: BP per metric ton, heavy £1,430; light £1,140.

Magnesium sulphate: BP £117 metric ton delivered UK; commercial £100; excised BP. £228.

Magnesium trisilicate: £1 kg (metric ton lots); £1.20 kg (500 kg lots).

Mercury: BPC redistilled £7.10 kg in kg lots.

Methadone hydrochloride: Subject to Misuse of Drugs Regulations, £1.33 per 5-g.

Methyl salicylate: 5-ton lots £1.10 kg; 1-ton £1.14.

Metol: Photo grade per kg, 50-kg lots £5.64;

250-kg £5.46.

Noscapine: Alkaloid; £31.85 kg for 25-kg lots; £30 kg for 100-kg. Hydrochloride £35.65 and £33 kg for similar quantities.

Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £541 to £653 as to maker; hydrochloride £488-£562; phosphate £413-£499; sulphate £562. Diamorphine alkaloid £764; hydrochloride £696 Ethylmorphine hydrochloride £527-£639. Morphine alkaloid £596-£722, hydrochloride and sulphate £488-£589.

Paracetamol: (Per kg) 50-ton contracts from £2.80; spot, 10-ton £2.88; 1-ton £3. Premiums for direct compression £0.13 kg.

Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.

Pentobarbitone: Less than 100-kg £16 kg; sodium £16.

Pethidine hydrochloride: Less than 10-kg lots £39.13 kg. Subject to Misuse of Drugs Regulations.

Phenobarbitone: in 50-kg lots £11.50 kg; sodium £12.50.

Pholcodine: 1-kg £452 to £457 as to maker; 60-kg lots £415. Subject to Misuse of Drugs Regulations.

Physostigmine: Salicylate £1 per g; sulphate £1.28 in 100-g lots.

Potassium bitartrate: £730 per metric ton.

Potassium citrate: Granular £837 per metric ton; powder £852.

Potassium diphosphate: BPC 1949 in 50-kg lots, granular £1.7583 kg; powder £1.5481.

Potassium hydroxide: Pellets BP 1963 in 50-kg lots £1.379 kg; sticks not offered; technical flakes £0.4577.

Potassium sodium tartrate: £797 per metric ton.

Pyridoxine: (Per kg) £26.01, 5-kg £25.01; 25-kg £24.20.

Quinalbarbitone: Base and sodium in 25-kg lots £16.19 kg.

Sodium acid phosphate: BP crystals £1.07-£1.09 kg for 50-kg lots.

Sodium benzoate: £0.5459 in 500 kg lots.

Sodium bicarbonate: BP £90.54 metric ton minimum 10-ton lots delivered UK.

Sodium carbonate: Anhydrous £121 per metric ton.

Sodium chloride: Vacuum-dried in 10-ton lots £36.59 metric ton delivered London.

Sodium fluoride: in 50-kg lots £1.4953 kg.

Sodium gluconate: £720 technical (1,000 kg).

Sodium hydroxide: Pellets BP 1973 in 50 kg lots £0.72-£0.93 kg; sticks £3.731 kg.

Sodium nitrite: BPC 1973 £0.79-£0.9257 as to maker for 50-kg lots.

Sodium perborate: (per 1,000 kg) monohydrate £464 tetrahydrate £274.

Sodium percarbonate: £365 per metric ton.

Sodium sulphate: Fine crystals BP £72.00 per metric ton.

Sodium sulphite: Crystals £0.1692 kg (250 kg minimum).

Sodium thiosulphate: photo grade £137 per metric ton.

Stilboestrol: BP in 25-kg lots, £109 kg.

Succinylsulphathiazole: 50-kg lots £5.32 kg.

Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg, 5-10 kg lots.

Sulphacetamide sodium: BP £7.25 kg for 50-kg.

Sulphadimidine: 50-kg lots £5.20 kg.

Sulphamethizole: £8.26 kg in 1,000-kg lots.

Sulphaquinoxaline: BVETC £10.28 kg; sodium salt £12.71 kg both in 50-kg lots.

Crude drugs

Aloes: Cape £1320 ton spot; £1,300, cif. Curacao £2,500, cif.

Balsams: (kg) Canada: firm at £11.60 spot; £11.50 cif. Copaiba: £2.15 spot; £1.95 cif. Peru: £6.10 spot; £6 cif. Tolu: £4.25 spot.

Belladonna: (metric ton) Leaves £2 kg spot; £1.95 cif. Herb and root. No offers.

Benzoin: Block £109 cwt spot; £108 cif.

Buchu: Rounds £2.20 kg spot; £1.95, cif.

Cardamoms: Tanzanian green £8.50 kg, cif.

Cascara: £1010 metric ton spot; £990, cif.

Cherry bark: spot £780 metric ton; £750, cif. new crop.

Chillies: New Guinea birdseye £2,250-£2,275 metric ton.

Cinnamon: (cif) Seychelles bark £460 metric ton, Ceylon quills 4 o's £0.81 lb; featherings £370 metric ton.

Cloves: Madagascar or Comores £4,150 metric ton, cif.

Dandelion: New crop for shipment £1.40 kg cif.

Ergot: Portuguese-Spanish £1.80 kg spot; £1.40, cif.

Gentian: Root £1.39 kg spot; £1.34, cif.

Ginger: Cochin current crop £1.350 ton, cif; new crop, Jan-Feb shipment £1,020, cif; Jamaican withdrawn; Nigerian split £1,250 spot; peeled £1,440, cif.

Henbane: Niger £1,080 metric ton spot; £1,030, cif.

Hydrastis: (kg) £9.60 spot; £9.45, cif.

Ipecacuanha: (kg) Costa Rica £8.60 spot nominal.

Lemon peel: Unextracted £1,550 metric ton spot; shipment £1,500, cif.

Liquorice root: Chinese £400 metric ton cif. Russian £350 spot. Block juice £1.60 per kg spot; £1.50 cif, Chinese £1.65; Iranian spray dried £1.65.

Lobelia: American £1,210 metric ton spot; European £1,100 spot; £1,080, cif, shipment.

Mace: Grenada unsorted £2,150 ton, fob.

Menthols: (kg) Brazilian £10 spot and cif. Chinese £11 in bond nominal; £10.25, cif.

Nutmeg: (per ton, fob) Grenada 80's £1,650. unassorted £1,490; defectives £1,250.

Nux Vomica: No spot; forward £250 metric ton, cif.

Pepper: (ton) Sarawak black £1,440 spot; £1,320, cif. White £1,940 spot; £1,820, cif.

Pimento: Jamaican £1,150 ton, cif; Mexican \$160 per 100 kg, cif.

Podophyllum: Root £850 metric ton, cif, nominal.

Quillaia: Spot £1.15 kg; £0.95, cif.

Seeds: (metric ton, cif) Anise: China star steady at £8.40. Caraway: Dutch £1.075. Celery: Indian £830. Coriander: Moroccan £775; Indian £525.

Cumin: Egyptian £1,030, Turkish £1,100, Iranian £1,300. Dill: £180, Maw: £650.

Senega: (kg) Canadian old crop £13.40 spot; new crop £13, cif.

Styrax: Turkish natural £4.20 kg spot, £4.10, cif.

Tumeric: Madras finger £675 ton, cif.

Witchazel leaves: Spot £2.20 kg; £2, cif.

Essential oils

Anise: (kg) £17 spot nominal; £16.25, cif.

Bois de rose: No spot; shipment £7 kg, cif.

Buchu: South African £140 per kg spot, English distilled £160.

Cade: Spanish £1.05 kg.

Eucalyptus: Chinese £2 kg spot and cif.

Lavender spike: £12.50 kg cif.

Lemon: Sicilian best grades about £13.50 kg.

Peppermint: (kg) Arvensis—Brazilian £5.35 spot; £5.30, cif. Chinese £5.10 spot; £5, cif. Piperata.

American Far-West from £25, cif.

Petitgrain: £5.75 kg spot; £5.65, cif.

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Miscellaneous

DEPARTMENT OF HEALTH IRELAND

MARKETING OF PROPRIETARY MEDICINAL PRODUCTS NOTICE TO PHARMACEUTICAL COMPANIES

The attention of pharmaceutical companies is drawn again to the provisions of the

EUROPEAN COMMUNITIES (PROPRIETARY MEDICINAL PRODUCTS) REGULATIONS, 1975

These Regulations extend a system of licensing to proprietary medicines which were already on the market before 1 October, 1974—the date on which the initial licensing scheme was introduced. These products will be licensed in a phased scheme which will be completed in 1983. The products in the third category for review, ie miscellaneous CNS, autonomic, anti-hypertensives, gonadal, anabolics, hypoglycaemics and other metabolic drugs, may not be on the Irish market after 31 March, 1979, without the authorisation of the Minister for Health.

Pharmaceutical companies intending to continue the marketing of MISCELLANEOUS CNS, AUTONOMIC, ANTI-HYPERTENSIVES, GONODAL, ANABOLICS, HYPOGLYCAEMICS or OTHER METABOLIC DRUGS should send their applications for authority to do so to the Drugs Division, Department of Health, as soon as possible and before 1 April, 1978, to avoid interruption of marketing arrangements.

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Department of Health,
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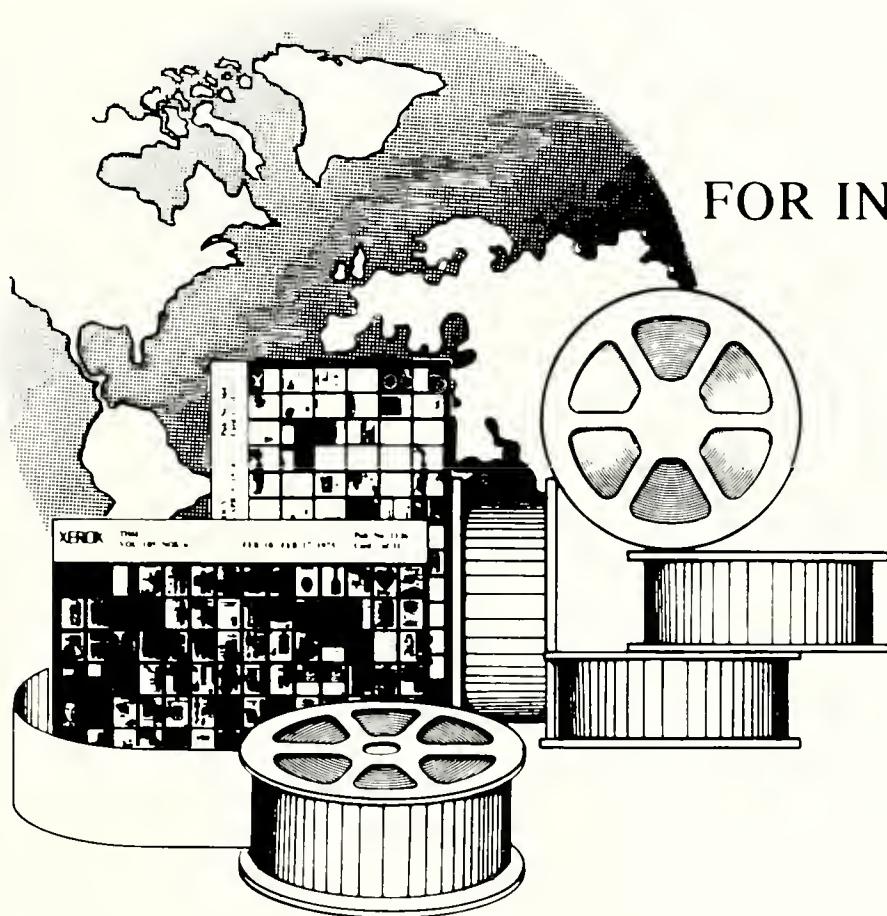
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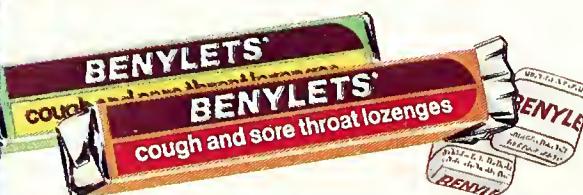
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Harlech	Television	Television
South	Television	Television
Anglia	Television	Television
Westward	Television	Television
Midlands	Television	Radio (BRMB, Beacon, Trent)
Lancashire	Radio (City, Picc.)	Television
Trident	Radio (Metro, Hallam, Tees, Pennine)	Television
Border		Television
Scotland	Radio (Clyde, Forth)	Television